

# The Gables Medical Group

## Quality Report

The Gables Medical Group  
The Gables Health Centre  
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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

We carried out an announced comprehensive inspection at The Gables Medical Group on 17 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and generally well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. The practice had introduced a daily open surgery as a result of increased demand for appointments and were continually monitoring its effectiveness.

- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had a 'virtual' patient participation group.
- Information about services and how to complain was available and easy to understand.
- The practice had effective systems in place to support patients with long term conditions and were proactive in their treatment of patients with diabetes.

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

Importantly, the provider should:

- Carry out a risk assessment detailing why it is not felt to be appropriate or necessary to have a defibrillator or oxygen at the branch surgery
- Purchase spillage kits and ensure staff are aware of their location and how to deal with spillages of body fluids
- Consider having a formal written business plan
- Consider developing an 'actual' as well as 'virtual' patient participation group

# Summary of findings

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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. Risks to patients were generally 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.

The practice was clean and hygienic and good infection control arrangements were in place. However, staff we spoke to did not know if the practice had any spillage kits and were unaware of how they would deal with spillages of body fluids such as urine, vomit or blood. Personal protective equipment such as aprons and disposable gloves were available.

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. However, we did find some out of date syringes in a GP bag. The practice had an effective system in place to monitor the use and movement of blank prescriptions. The practice were well equipped to deal with medical emergencies at the main surgery and had oxygen and a defibrillator on site. They did not have a defibrillator or oxygen at the branch surgery and there was no risk assessment detailing why this was not felt to be necessary.

A comprehensive staff recruitment policy was in operation. Not all non-clinical staff had received Disclosure and Barring Service (DBS) checks but the practice intended to carry out a risk assessment detailing why this was not felt to be necessary. Staff who acted as chaperones were fully trained and had DBS checks.

The practice had a fire risk assessment and carried out regular fire alarm testing and annual fire evacuation drills. Staff had received training in fire safety and fire marshalls had been identified.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Good



# Summary of findings

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. 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 showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 99.4% of the points available for 2014/15 (local CCG average 91.9% and national average 91.8%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95% to 100% (compared with the CCG range of 95.3% to 98.1%). For five year olds this ranged from 91% to 100% (compared to CCG range of 95.4% to 100

There was evidence of clinical audit activity and improvements made as a result of this. Staff received annual appraisals and 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 we spoke with during the inspection and those that completed Care Quality Commission comments cards 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 service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2015 were comparable with CCG and national averages in respect of providing caring services. For example, 86% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 88% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

**Good**



# Summary of findings

Results also indicated that 82% of respondents felt the GP treated them with care and concern (CCG average 89% and national average of 85%). 89% of patients felt the nurse treated them with care and concern (CCG average 93% and national average 91%).

Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The main surgery had good facilities and was well equipped to treat patients and meet their needs. The branch surgery was fit for purpose. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately.

The practice's scores in relation to access in the National GP Patient Survey were generally comparable with local and national averages. The most recent results (January 2016) showed that 65% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and the national average of 65%. 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%. The practice were aware of patient dissatisfaction in these areas and were taking steps to improve.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had introduced a daily open surgery system to cope with an increasing demand for appointments, the effectiveness of which they were continually monitoring.

The practice working collaboratively with multi-agency practitioners to improve services for patients and to reduce the number of non-urgent admissions to hospital.

Good



## Are services well-led?

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

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

The practice did not have a formal business plan but were able to demonstrate that they held regular business meetings where issues such as financial viability, succession planning and aims and objectives for the future were discussed.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

The practice proactively sought feedback from staff and patients, which it acted on. A 'virtual' patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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 above the local clinical commissioning group (CCG) average of 98.9% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for pneumonia and shingles to older people. The practice had a palliative care register and held monthly multi-disciplinary meetings to discuss and plan end of life care. Elderly patients at high risk of admission to hospital were offered frail and elderly assessments and their care was also reviewed at monthly multidisciplinary meetings.

The practice had ensured that there was a named GP for each local care home and operated a ward round approach to visiting patients resident in these homes.

Good



### People with long term conditions

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

Patients with a long term condition had a named GP and were able to request longer appointments and longer appointments were routinely offered to patients with more than one long term condition. Home visits were available when needed. The practice's computer system was used to flag when patients with a long term condition were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients who did not attend for their review were regularly recalled to ensure their needs were being met.

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term conditions, such as chronic obstructive pulmonary disease (COPD) and asthma. The practice had a proactive approach to treating patients with diabetes by offering in-house access to a diabetic dietician and by sending diabetic patients a personalised letter detailing test results.

Good





# Summary of findings

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 0.7 percentage points above the local CCG average and 2.6 points above the national average.
- They had obtained 100% of the points available to them in respect of hypertension (0.3 percentage points above the local CCG average and 2.2 points above the national average).
- They had obtained 97.7% of the points available to them for diabetes (2.7 percentage points above the local CCG average and 8.5 points above the national average).
- The practice had obtained 100% of the points available to them for ischaemic heart disease and stroke and chronic obstructive pulmonary disease.

## 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 regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors. A protocol was in place to ensure children who failed to attend for GP or hospital appointments were followed up.

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 comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95% to 100% (compared with the CCG range of 95.3% to 98.1%). For five year olds this ranged from 91% to 100% (compared to CCG range of 95.4% to 100%).

**Good**



# Summary of findings

Information from the National Cancer Intelligence Network (NCIN) published in March 2015 indicated that 76.8% of the 1145 female patients aged between 25 and 64 listed with the practice had attended cervical screening (compared to the CCG average of 79.1% and national average of 74.3%).

Pregnant women were able to access antenatal clinics provided by healthcare staff attached to the practice. A drop in baby clinic was delivered by a health visitor attached to the practice.

The practice was working towards the 'You're Welcome' accreditation (a national quality accreditation scheme delivered by the Department of Health which assesses how young people friendly health care services are).

## **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 met. The main surgery was open from 8.30am to 12.30pm and from 1.30pm to 6.00pm on a Monday to Friday with appointments running from 8.30am to 12.20pm and from 1.30pm to 5.20pm. The branch surgery was open from 9am to 11.30am on a Monday to Friday to enable patients living in Cambois to collect prescriptions. The practice operated a surgery from the branch surgery approximately once per month. In addition to pre bookable appointments and telephone consultations the practice also offered an open surgery and same day appointments following a telephone triage with a practice GP.

The practice offered contraceptive services, travel immunisations, new patient and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Good



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

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for an annual health check.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable

Good



# Summary of findings

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.

GPs had received training in recognising the signs of, and caring for patients who had experienced, domestic abuse. The practice regularly hosted counsellors from a local service dedicated to providing help and support to anyone aged over 18 from the Northumberland area that was experiencing problems with drugs or alcohol.

The practice was proactive in identifying and supporting carers. A carer's champion had been identified and carers were offered a flu vaccination and referral to the local carers centre.

## **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 percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 81.8% (CCG average 85.1% and national average 84%).

There was a lead GP for patients experiencing dementia or mental health issues who worked with these patients and/or their carers where appropriate to develop care plans. GPs had undertaken training on their roles and responsibilities under the Mental Capacity Act and one of the GPs had undertaken training to help understand and care for patients with Alzheimer's.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. They were in the process of training a member of the administration staff to be a Dementia Friend.

**Good**



# Summary of findings

## What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction comparable with local and national averages. 287 survey forms were distributed and 109 were returned, a response rate of 38%. This represented 1.7% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 86% said their GP was good at explaining tests and treatment (CCG average 90%, national average 86%).
- 89% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%).
- 52% of patients felt they didn't normally have to wait too long to be seen (CCG average 67% and national average 58%).

The practice was aware of patient dissatisfaction with regard to access and had implemented an open surgery system as a result of this, the effectiveness of which they were closely monitoring.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Words used to describe the practice and their staff included very good, friendly, and cooperative. However, some also contained negative comments relating to dissatisfaction with the appointment and open surgery system.

We spoke with six patients during the inspection, three of whom were members of the practice patient participation group. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring although some again expressed dissatisfaction with the appointment and open surgery system.

In advance of the inspection we also spoke a community matron who worked closely with, but was not employed by the practice. They reported that they had no concerns in respect of the practice, that the GPs were accessible to requests for information and responded to such requests in a timely manner.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Carry out a risk assessment detailing why it is not felt to be appropriate or necessary to have a defibrillator or oxygen at the branch surgery
- Purchase spillage kits and ensure staff are aware of their location and how to deal with spillages of body fluids
- Consider having a formal written business plan
- Consider developing an 'actual' as well as 'virtual' patient participation group

# The Gables Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector, a CQC Inspection Manager and a GP specialist advisor.

## Background to The Gables Medical Group

The Gables Medical Group provides care and treatment to approximately 6318 patients from Bedlington and the surrounding areas from two sites. It is part of the NHS Northumberland Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following addresses, which we visited during this inspection:

#### Main Surgery:

The Gables Medical Group, The Gables Health Centre, 26 St Johns Road, Bedlington, NE22 7DU

#### Branch Surgery:

The Gables Medical Group, Miner's Welfare Institute, Ridley Terrace, Cambois, NE24 1QS

The main surgery is located in purpose built premises which it shares with a dentist and podiatry service. All patients registered with the practice are able to access services at the main surgery. All reception and consultation rooms are fully accessible for patients with mobility issues and there is a large on-site car park with dedicated disabled parking bays.

The branch surgery is located in a room within the Miners Welfare Institute building in Cambois which is leased from

the local authority. The reception and consultation room are fully accessible and on street parking is available nearby. Only patients registered with the practice who live in Cambois were able to request an appointment or collect a prescription at the branch surgery.

The main surgery is open from 8.30am to 12.30pm and from 1.30pm to 6.00pm on a Monday to Friday. Appointments ran from 8.30am to 12.20pm and from 1.30pm to 5.20pm. The branch surgery was open from 9am to 11.30am on a Monday to Friday. However, this was mainly to enable patients living in the Cambois area to collect prescriptions. The practice operated a surgery at the branch surgery approximately once per month.

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

The Gables Medical Practice offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, childhood health surveillance and immunisations and travel vaccinations. The practice is a teaching and training practice and provides training to GP registrars (fully qualified doctors with experience of hospital medicine who are training to become a GP) and medical students.

The practice consists of:

- Two GP partners (both male)
- Five salaried GPs (all female)
- One practice nurses (female)
- A health care assistant (female)
- Two dispensers
- 13 non-clinical members of staff including a practice manager, medicines manager, administration manager, medical secretaries, administration and reception staff

# Detailed findings

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed slightly more patients than the national average in the 65-69 year age group. Average life expectancy for the male practice population was 76 (local clinical commissioning group and national average 79) and for the female population 79 (local clinical commissioning group and national average 83).

62% of the practice's patient population were reported to have a long standing health condition compared to the CCG average of 59% and national average of 54%. A higher percentage of patients with long term health conditions could lead to an increased demand for GP services.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, the practice manager, practice nurse, health care assistant, dispenser and administration and reception staff. We spoke with six patients, three of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed four Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff who worked closely with, but were not employed by the practice.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a six monthly basis at clinical staff meetings. The minutes of these meetings, which included details of learning and action points were then disseminated to all practice staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was evidence of the practice reviewing the systems in operation for dealing with urine samples taken by attached staff during home visits and to ensure patients with a six week history of a cough were referred for a chest X ray.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice held a monthly multidisciplinary 'Protecting Families' meeting where children subject of a child protection plan, in foster care, identified as a child in need or cause for concern were discussed. This included children who had failed to attend a medical appointment or who had attended A&E within three times in the previous year. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Vulnerable adults, including those with high social needs, cancer and terminally ill patients were discussed at multidisciplinary clinical issues meetings.

Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding and all staff were booked to undertake a refresher course in adult safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Not all non-clinical staff had been subject to DBS checks. The practice manager told us that risk assessments were due to be completed detailing why this was not felt to be necessary.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and there was evidence of regular infection control audit activity
- Staff we spoke with did not think the practice had spillage kits and were unaware of how they would deal with spillages of body fluids such as urine, vomit or blood. Personal protective equipment such as aprons and disposable gloves were available.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, although there was an effective system in place to check the expiration dates on medicines in GP bags and replace expired medicines we did find some out of date syringes in one of the GP bags.
- Blank prescription pads were stored securely.
- The practice operated a comprehensive recruitment policy. We reviewed the personnel files of recently employed staff members and found that all necessary recruitment checks had been undertaken prior to employment, including proof of identity and qualifications and obtaining satisfactory references.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and practice manager encouraged a culture of openness and honesty.



## Are services safe?

- The practice had systems in place for knowing about notifiable safety incidents

### Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had up to date fire risk assessments and identified fire wardens. Fire alarm testing was carried out on a weekly basis and there was evidence of annual fire drills. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staffing levels were well managed and a rota system was in operation to ensure there was an appropriate level of cover at all times. Reception and administration staff rotated their duties to ensure they had been trained to cover each other's duties. The GPs tried to deliver a minimum of a total of 20 GP sessions per week and aimed to deliver at least 25 sessions per week.

- The practice told us that they rarely relied on the use of locum GPs but when this was necessary an effective locum induction pack was in operation.

### Arrangements to deal with emergencies and major incidents

The practice had good arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and emergency medicines were available
- A defibrillator and oxygen with adult and children's masks was available at the main surgery. The practice had taken the decision that it was neither safe nor practicable to have a defibrillator or oxygen at the branch surgery given that a surgery was only held there approximately once per month and the building stood unoccupied most of the time. However, the practice did not have an up to date risk assessment detailing the reasoning behind this decision or recording mitigating actions but agreed that they would do this without delay.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Staff we spoke with were aware of how to access the business continuity plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The implementation of such guidelines were discussed formally at monthly clinical meetings. The practice also held more informal daily meetings where clinical issues, including prescribing issues were discussed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99.4% of the total number of points available to them compared with the clinical commissioning group of 97.6% and national average of 95.7%. At 16.8% their clinical exception rate was higher than the local CCG average of 9.3% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice felt that this was due to the fact that they had a high percentage of patients with chronic obstructive pulmonary disease and asthma who were effectively self-managing their condition and chose not to attend for review appointments.

The practice had obtained the maximum points available to them for the majority of 17 of the 19 QOF indicators, including mental health, hypertension, asthma and chronic obstructive pulmonary disease (COPD) and cancer. Result for indicators where the practice had not obtained the maximum number of points available to them was:

- 97.7% for diabetes related indicators (CCG average 96% and national average 89.2%)
- 83.3% for rheumatoid arthritis related indicators (CCG average 95.2% and national average 95.4%)

The practice was proactive in monitoring and reviewing their prescribing activity and were actively working towards reducing the prescribing of antibiotics and analgesics. The practice had identified that they were the second worst performing practice in the country in relation to the cost of prescribing blood glucose test strips for use by diabetic patients. They had therefore contacted all 187 patients using the strips to see if it would be appropriate for them to change to a more cost effective product. As a result the practice had become the third best performing practice in terms of the cost of prescribing test strips in less than a year. They practice also participated in a practice activity scheme to monitor their referral rate to secondary care.

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of a number of audits which had led to improvements in patient outcomes. For example, an audit carried out in August revealed that 91% of patients on the practice hospital admission avoidance register had received a medication review in the preceding 12 months. Relevant medication reviews were undertaken and a re-audit carried out in November 2015 showed that the rate had increased to 97.5%.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients and their families.

### Effective staffing

The staff team included GPs, nursing, health care, dispensary, managerial and administrative staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (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 practice nurses reported they were supported in seeking and attending continual professional development and training courses.

# Are services effective?

## (for example, treatment is effective)

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of personal development plans.

The practice continually looked at demand for appointments and staffing requirements. As a result the practice had introduced an open surgery and telephone triage system in addition to pre bookable appointments. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in operation.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were reviewed and updated.

### Consent to care and treatment

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

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

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 109 patients who participated in the National GP Patient Survey published in January 2016, 80% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 82% and local CCG average of 86%. The same survey revealed that 85% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 88%.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Information from the National Cancer Intelligence Network (NICIN) published in March 2015 indicated that 76.8% of the 1145 female patients aged between 25 and 64 listed with the practice had attended cervical screening within a target period (local CCG average 79.1% and national average 74.3%). The practice had participated in a 'pink letter' pilot scheme with the Macmillan cancer support organisation to encourage more women to attend cervical screening.

Childhood immunisation rates were comparable with local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95% to 100% (compared with the CCG range of 95.3% to 98.1%). For five year olds this ranged from 91% to 100% (compared to CCG range of 94.9% to 100%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

The practice also produced a bimonthly practice newsletter. This provided patients with a range of information including changes to staffing arrangements, advice for carers, online services, electronic prescription service, flu vaccinations and self-care advice for common ailments.

# 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 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received four completed CQC comment cards. Although patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect two also said that it was difficult to obtain an appointment within a reasonable timescale. We also spoke with six patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected but again reported that it was sometimes difficult to obtain an appointment.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 99% and the national average of 97%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

- 98% patients 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 we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction were lower than but generally comparable with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 84% 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 91% and the national average of 89%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 88% said the last nurse they spoke to was good at listening to them compared to the CCG average of 94% and the national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. There was also had a hearing loop for patients with hearing difficulties.

The practice maintained a register of patients with a learning disability which was reviewed yearly. At the time of our inspection there were 45 patients on the register. Patients with a learning disability were able to request longer appointments and were offered an annual review.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice told us that they pro-actively identified carers and had identified a member of staff as a carer's champion, whose role included supporting carers and acting as a key contact for carer information. Carers were offered flu

vaccinations, given a carers information pack and sign posted to the local carers association for advice and support. However, the practice had only identified 20 of their patients as being a carer (0.3% of the practice patient population).

Tb practice routinely sent letters to patients experiencing a bereavement offering an appointment to talk to a GP. They were also signposted to a bereavement counselling service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had reviewed the needs of its local population planned services accordingly. Services took account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- There were disabled facilities and translation services available. The practice had a hearing loop
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments at the main surgery and request repeat prescriptions.
- The practice had developed a ward round approach for patients residing in local care and nursing homes. The practice worked with the home to educate staff as to most appropriate course of action when dealing with a patient in need of medical attention or intervention.
- As the practice was located in an ex-mining community they had a high proportion of patients with chronic obstructive pulmonary disease. The practice had developed a protocol, as the result of a significant event, to ensure all patients attending the surgery with a persistent cough were referred for a chest X-ray immediately.
- The practice had also identified that they had the highest proportion of diabetic patients in the Northumberland area. Diabetic lead GPs had been identified who were responsible for keeping the rest of the team up to date with new treatments and monitoring management of diabetic patients.

### Access to the service

The main surgery was open from 8.30am to 12.30pm and from 1.30pm to 6.00pm on a Monday to Friday. Appointments were available from 8.30am to 12.20pm and

from 1.30pm to 5.20pm. The branch surgery was open from 9am to 11.30am on a Monday to Friday. However, this was mainly to enable patients living in the Cambois area to pick up prescriptions. The practice operated a surgery at the branch surgery approximately once per month but this service was only available to patient registered with the practice who lived in Cambois.

The appointment system offered by the practice enabled patients to pre book appointments on a morning or afternoon up to two weeks in advance at the main surgery. The practice also offered an open 'walk in' surgery where patients who attended between 8.30am and 10am were seen on a first come first served basis by a GP and waited, on average, 30 minutes to be seen. In addition, telephone consultations were available before an afternoon session and emergency appointment slots were embargoed for same day release. All home visit requests were triaged by a GP in the first instance. Patients living in Cambois were also able to pre book an appointment at the branch surgery where a surgery was held approximately once per month depending on demand.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was generally comparable with local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 65% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 74% and the national average of 65%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.

The practice were aware that some patients were dissatisfied with the open surgery arrangements and would prefer more pre bookable appointment availability. They were continuing to monitor the effectiveness of the open surgery arrangement but felt that it was proving to be effective.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective process in place to deal with patients who did not turn up for appointments which freed up appointments for other patients.

Patients we spoke to on the day of the inspection and some of those that completed CQC comment cards told us it was sometimes difficult to get an appointment. We looked at appointment availability during our inspection and found that a routine pre bookable appointment with a GP was available four working days later. The next routine appointment with a nurse was not available until nearly three weeks later. However, we were told that this was unusual and due to one of the practice nurses being on annual leave.

## Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- 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 in the reception area, in the practice information booklet and on the practice website to help patients understand the complaints system.

The practice had recorded twelve complaints for the period 1 April 2014 to 31 March 2015 and a further four from 1 April 2015 to the date of our inspection. We looked at nine of these complaints that had been reviewed in a practice complaints meeting held in October 2015. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Lessons learned had been identified and acted upon. For example, the practice had revised the wording in one of their standard letters to avoid confusion following a complaint from a patient.



# 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 did not have a mission statement but had identified their aims and objectives in their statement of purpose as being:

- To provide a high standard of medical care in order to meet our patients needs
- To treat patients with respect, dignity, honesty and integrity.
- To maintain patient confidentiality.
- To ensure services and the environment are safe and effective.
- To maintain our motivated and skilled work teams
- Through monitoring and auditing continue to improve our healthcare services
- Maintain high quality of care through continuous learning and training.
- To ensure effective and robust information governance systems

However, staff we spoke with were unaware of the practice aims and objectives and had not been involved in their development.

The practice did not have a formal business plan but were able to demonstrate that they held regular business meetings where issues such as financial viability and succession planning were discussed.

### Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of an effective programme of clinical audit activity which improved outcomes for patients

- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

### Leadership and culture

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

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

- A meeting schedule was in operation. Separate clinical and non-clinical staff meetings were held on a monthly basis and the practice aimed to hold full staff group meetings on a quarterly basis. Complaints and significant event meetings were held every six months and a meeting was held to discuss patients at high risk of admission to hospital fortnightly
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported

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

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

- The practice had gathered feedback from patients through their patient participation group (PPG) and through surveys and complaints received.
- The practice had established a 'virtual' patient participation group whose comments and participation was sought via email. We spoke to three PPG members on the day of our inspection who told us that the practice had sought their views on issues such as the queuing system for the open surgery, the waiting area and time the reception desk opened. However, from what PPG members told us it was evident that although they were keen to be involved and committed to

# Are services well-led?

Good 

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

improving services it was very much an arm's reach, practice led PPG. Members reported that they would prefer to have an actual group where they could develop their own aims and objectives

- The practice was able to demonstrate that it sought and responded to patient feedback. For example, they had carried out a survey of their open surgery in early 2016. This had revealed that 30% of the patients who responded to the survey were dissatisfied with the queuing system. As a result the practice had decided to open the area of the reception desk used for open surgery appointments earlier.

## Continuous improvement

The practice was committed to continuous learning and improvement at all levels. For example, the practice had introduced an open surgery system to cope with an increasing demand for appointments, the effectiveness of which they were continually monitoring. The practice was also committed to reducing prescribing costs and prescribing of antibiotics.