

# Widdrington Medical Practitioners

## 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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Inadequate	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Widdrington Medical Practitioners on 16 October 2014.

We rated the practice overall as inadequate.

Our key findings were as follows:

- most people told us they were happy with the care they received. They said they were treated with respect and were generally positive about staff.
- practice staff worked well together and with other healthcare staff, for example district nurses and midwives.
- patients could get appointments easily, although this was not always with the doctor of their choice.

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

Importantly, the provider must:

- take action to ensure its medicines are handled appropriately and management arrangements are in line with national guidance and recommendations; and
- review its systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.
- put appropriate arrangements in place to ensure medical equipment is regularly checked and medical consumables are in date.
- take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'.

In addition, the provider should:

- consider whether the deployment of staff and staffing levels are appropriate.
- review its arrangements for staff training, including safeguarding adults and chaperoning.

**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 inadequate for safe. Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learnt were not communicated widely enough to support improvement. Risks to patients who used services were assessed but systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Arrangements to manage medicines, reduce risks of infection and ensure equipment was working safely were not effective.

Inadequate



### Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. Recognised good practice guidance was referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff described good communication processes with multidisciplinary teams.. Staff received appraisals, although these were not always documented. There were some areas where staff required training or refresher training.

Good



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. The majority of patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice had reviewed the needs of their local population. Patient feedback reported that access to a named GP and continuity of care was not always available quickly although urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs. Accessible information was provided to help patients understand the complaints system. However, there was no evidence of shared learning from complaints with staff.

Good



# Summary of findings

## Are services well-led?

The practice is rated as inadequate for well-led. The practice did not have a clear vision for future development. There was a clear leadership structure and staff felt supported by management. However, the practice did not have formal arrangements or policies in place to govern activity. Staff meetings were sometimes cancelled, minutes from meetings showed quality reviews were not discussed. There was no evidence of learning being shared across the practice. The practice proactively sought feedback from patients and had an active patient participation group (PPG), but could not demonstrate they had taken action where patients had expressed concern. Staff told us they had received annual appraisals, but these were not recorded.

Inadequate



# 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

There were aspects of the practice which were inadequate and related to all population groups. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs and home visits.

Inadequate



### People with long term conditions

There were aspects of the practice which were inadequate and related to all population groups. Emergency processes were in place and referrals made for patients in this group who had a sudden deterioration in health. When needed longer appointments and home visits were available.

All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

There were aspects of the practice which were inadequate and related to all population groups. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives, health visitors and school nurses.

Inadequate



# Summary of findings

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

There were aspects of the practice which were inadequate and related to all population groups.

Services available did not fully reflect the needs of this group. Although the practice offered extended opening hours for appointments on a Monday evening, appointments were only available with the nurse.

**Inadequate**



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

There were aspects of the practice which were inadequate and related to all population groups. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

**Inadequate**



## **People experiencing poor mental health (including people with dementia)**

There were aspects of the practice which were inadequate and related to all population groups. 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations including MIND and SANE. The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs. Staff had received training on how to care for people with mental health needs and dementia.

**Inadequate**



# Summary of findings

## What people who use the service say

We spoke with 16 patients, including two members of the practice's Patient Participation Group. 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.

Most people told us they were happy with the care they received. They said they were treated with respect and were generally positive about staff. However, some patients felt the standards at the practice had not been as high recently. Other patients said they felt that some of the clinical staff did not always listen to them.

Patients reported that most staff treated them with dignity and respect and always allowed them time, they did not feel rushed.

We reviewed four CQC comment cards which had been completed by patients prior to our inspection. All were complimentary about the practice, staff who worked there and the quality of service and care provided.

The latest GP Patients Survey completed in 2013 showed that many patients were not satisfied with the services the practice offered. Some of the results were among the worst for GP practices nationally. The results were:

- The proportion of patients who would recommend their GP surgery – 61% (nationally 78%)
- GP Patient Survey score for opening hours – 67% (nationally 77%)
- Percentage of patients rating their ability to get through on the phone as very easy or easy – 83% (nationally 73%)
- Percentage of patients rating their experience of making an appointment as good or very good – 76% (nationally 75%)
- Percentage of patients rating their practice as good or very good – 81% (nationally 86%).

## Areas for improvement

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

The practice must take action to ensure its medicines are handled appropriately and management arrangements are in line with national guidance and recommendations.

The practice must review its systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.

The practice must take action to address infection prevention and control to ensure that they comply with the 'Code of Practice for health and social care on the prevention and control of infection and related guidance'.

The practice must put appropriate arrangements in place to ensure medical equipment is regularly checked and medical consumables are in date.

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

The practice should consider whether the deployment of staff and staffing levels are appropriate, including whether appropriate contingency plans are in place to cover absences.

The practice should review its arrangements for staff training including safeguarding adults and chaperoning.

# Widdrington Medical Practitioners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team also included a GP, a CQC pharmacy inspector, a further CQC inspector and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## Background to Widdrington Medical Practitioners

The practice is located in the village of Widdrington in Northumberland and provides primary medical care services to patients living in the village and surrounding areas. The practice provides services from one location, Grange Road, Widdrington, Northumberland, NE61 5LX. We visited this address as part of the inspection.

The practice is located within a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access. A dentist and an optician are also based within the building.

The practice has two GP partners, three salaried GPs, one training doctor (GP registrar), a practice nurse, a healthcare assistant, a practice manager and five staff who carry out reception and administrative duties. In late 2013 one of the GP partners from the practice took over the running of a second local GP practice. All of the GPs work across both

sites. The practice manager is responsible for managing both practices. There is a dispensary within the practice; this is managed by a pharmacist, supported by three dispensing staff.

Surgery opening times at the practice are between 8:30am and 6:00pm Monday to Friday. An extended surgery is provided on a Monday evening (nurse only) until 8:00pm.

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

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We inspected a number of services within the Northumberland Clinical Commissioning Group area, the practice was selected at random.

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 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.

This practice had not been inspected before and that was why we included them.



# Detailed findings

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.

## 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
- The working-age population and those recently retired (including students)

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. 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 also spoke with two members of the practice's Patient Participation Group (PPG).

We carried out an announced visit on 16 October 2014. We spoke with 16 patients and 10 members of staff from the practice. We spoke with and interviewed the practice manager, three GPs, the salaried GP, the pharmacist, two dispensers and two 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 four 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

When we first registered this practice in April 2013 we did not identify any safety concerns that related to how the practice operated. Patients we spoke with during the inspection told us they felt safe when they attend their appointments.

Information from the Quality and Outcomes Framework, which is a national performance measurement tool, showed that in 2012-2013 the practice appropriately identified and reported incidents. Where concerns arose they were addressed in a timely way.

We saw mechanisms were in place to report and record safety incidents, including concerns and near misses. The staff we spoke with demonstrated an understanding of their responsibilities and could describe their roles in the reporting process.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, however this was not effectively implemented.

All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. The practice manager was the person who collated this information and staff we spoke with were aware of this.

The practice was unable to provide a log of significant events which had occurred during the previous 12 months. A record of one recent significant event was made available to us prior to the inspection. We discussed other significant events with staff. Significant events were discussed in the monthly educational meetings, attended by the GPs and the practice manager. Staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They were logged then discussed with one of the GPs or the pharmacist. We saw an example of a

medication recall and found it had been dealt with appropriately. There were no formal arrangements for ensuring that staff were aware of other alerts, for example, from the General Medical Council.

### Reliable safety systems and processes including safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults. There were identified members of staff to oversee safeguarding within the practice.

The clinicians held monthly meetings to discuss ongoing or new safeguarding issues. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected. We saw records which confirmed all staff had attended training on children's safeguarding. The GPs and the nurses had received the higher level of training (Level 3), whilst all other staff attended Level 1 training sessions. None of the staff within the practice had received training on safeguarding vulnerable adults.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example, children subject to child protection plans.

A chaperone policy was in place. However, there were no visible notices in either the waiting room or consultation rooms to inform patients of their right to request a chaperone. We asked staff about how the role of chaperone was fulfilled within the practice. They told us that normally the practice nurse or healthcare assistant undertook the role. However other staff would chaperone if both of these staff members were unavailable. Some staff were not clear about the requirements of the role or their responsibilities when acting as chaperones. The practice manager told us staff had not received any recent chaperone training.

Patient's individual records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We were told there had not been any audits carried out to assess the completeness of these records.

### Medicines Management

## Are services safe?

The management of medicines was checked at the practice. The practice must improve the way they manage medicines.

Arrangements were in place to manage repeat prescribing safely and review dates were recorded. There was a robust system in place to manage any medicine changes safely for patients discharged from hospital, or seen by external healthcare professionals. Staff had a clear understanding of their role in managing changes to medicines records and told us these were always made by GPs.

All prescriptions were clinically checked by a pharmacist before being dispensed and completed prescriptions were checked again by a pharmacist before being given to patients. Records showed that staff dispensing medicines had received appropriate training but their competency to dispense was not checked.

We looked at the prescribing of some high risk medicines and saw that arrangements were in place to make sure that scheduled blood monitoring tests were carried out before further prescriptions for these medicines were issued.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the safe destruction of controlled drugs.

Practice staff undertook regular audits of controlled drug prescribing to look for unusual products, quantities, dose, formulations and strength. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Medicines, including those for emergency use, and vaccines were stored securely and appropriate temperature records were maintained. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

Procedures for the dispensing of medicines were assessed at the practice. Staff had access to written procedures to support the safe dispensing of medicines and these were up to date. However, there were no procedures for checking emergency medicines and vaccines or the recording of blank prescription forms.

Procedures were in place to minimise prescribing and dispensing errors but these were not routinely recorded and analysed to help identify areas where improvement might be required.

Blank prescriptions were stored securely but the recording and audit trail was inadequate and did not meet national guidance, NHS Protect: Security of Prescription Forms. This could lead to the diversion and misuse of prescriptions that could go undetected.

We looked at the process for managing national alerts about medicines such as product recalls or safety issues. Records showed that alerts were distributed to relevant staff but no audit trail was maintained to demonstrate that these had been fully implemented and actioned appropriately. We looked at one specific alert issued in April 2014 which introduced restrictions on the use of a medicine for the treatment of nausea and vomiting. The practice manager could not confirm that this alert had been distributed or that staff had taken action in regard to it. A practice GP confirmed that three patients continued to receive this medication on repeat prescription but treatment had not been reviewed in line with the alert to make sure that it was safe and appropriate to continue treatment.

### Cleanliness & Infection Control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness.

The practice had a lead for infection control; however, there was no description of what this role entailed. The practice manager told us that no formal infection control audits were undertaken. We found staff had not received any training about infection control specific to their role.

We saw the curtains in the practice nurse's room had white marks on them. We asked the practice manager how often

## Are services safe?

the curtains were cleaned. They told us the curtains had not been cleaned for over two years. There were no procedures or checks in place to ensure the curtains were regularly cleaned.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single use, and personal protective equipment (PPE) such as aprons and gloves were available for staff to use. The treatment room had flooring that was easy to clean. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in all of the consultation rooms.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had appropriately coloured bin liners in place. We found the lids were open on the sharps bins and they had not been signed and dated to say who had constructed them and that they were safe to use. There was therefore no audit trail to show proper processes, to reduce the risk of injury and infection, had been followed.

The practice did not have a policy for the management, testing and investigation of legionella (bacteria found in the environment which can contaminate water systems in buildings).

Staff were protected against the risk of health related infections during their work. We asked the reception staff about the procedures for accepting specimens of urine from patients. They showed us there was a box for patients to put their own specimens in. The nursing staff then used PPE to empty the box and transfer the specimens. We confirmed with a practice nurse that all clinical staff had up to date hepatitis B vaccinations. We saw there were spillage kits (these are specialist kits to clear any spillages of blood or other bodily fluid) located throughout the building.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We found all portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We asked what checks were carried out to ensure other equipment, such

as weighing scales and blood pressure machines were in good working order. The practice manager told us this equipment had been due to be calibrated in March 2014 but this had not yet been done.

We found some of the equipment in the treatment room was out of date. This included some dressings, gloves and medical instruments used for IUDs (a form of contraception). There were no formal arrangements in place to check such equipment.

### Staffing & Recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave. Some of the patients we spoke with had expressed some concerns about not being able to get an appointment to have bloods taken. We asked the practice manager about this. They said that the healthcare assistant had been off recently and the practice nurse's time had been spent focussing on the annual flu vaccinations. They agreed it was an area that needed to be reviewed, as currently there were no contingency plans in place to manage this.

The practice manager was also responsible for managing another practice which had been taken over in late 2013 by one of the GP partners. This meant their time was split between both sites. They told us the practice is in the process of recruiting a reception supervisor, to lessen the impact of the dual role.

### Monitoring Safety & Responding to Risk

The practice did not have formal systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There were no documented, regular checks of the building, the

## Are services safe?

environment or equipment, except for weekly checks of the fire alarms and emergency lights. The practice manager told us fire drills were carried out every six months. There were no records held of these drills.

The practice had a health and safety at work policy and staff we spoke with demonstrated an awareness of this. We saw there was guidance for staff on managing violence and aggression.

Staff had sufficient support and knew what to do in emergency situations. The practice had resuscitation equipment and medication available for managing medical emergencies. All of the staff we spoke with told us they had attended CPR (resuscitation) training. We looked at records which confirmed this.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to an automated external defibrillator (used to attempt to restart a person's heart in

an emergency). All staff we asked knew the location of this equipment. We saw records which showed the defibrillator had last been checked over a year ago, in March 2013. Staff told us this had been an oversight.

The practice did not have any oxygen in place. Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma). The National Resuscitation Council has the view that 'current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.'

Medicines, including those for emergency use, were stored securely. However, there was no system in place for monitoring the expiry date of these medicines and recording these checks. All the supplies of emergency medicines in the designated emergency medicines box were out of date.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The plan included guidance for staff on actions to be taken to address each identified risk. The document also contained relevant contact details for staff to refer to.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines. We found all of the doctors had a good level of knowledge and were up to date with clinical guidelines, including guidance published by professional and expert bodies.

All clinicians we interviewed were able to describe and demonstrate how they access guidelines from the National Institute for Health and Care Excellence (NICE) and from local health commissioners. We saw there was information on local commissioning guidelines in each of the consultation rooms; this was also available on the practice computer system.

The clinicians we interviewed demonstrated evidence based practice. Whilst there was no formal policy for ensuring clinicians remain up-to-date, all the GPs interviewed were aware of their professional responsibilities to maintain their knowledge.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Delivery of care and treatment achieved positive outcomes for people. We reviewed the most recent Quality and Outcomes Framework (QOF) scores for the practice. The QOF is part of the General Medical Services (GMS) contract for general practices. Practices are rewarded for the provision of quality care. The practice's overall score for the clinical indicators was 100%, which was higher than the local and national average.

The practice had a system in place for completing clinical audit cycles, which led to improvements in clinical care. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the weekly GPs and primary care team meetings. We looked at a recent audit on outpatient referral rates. We saw the initial audit had been completed, actions were discussed and agreed. The audit cycle was then repeated

at a later date to measure the impact of any changes made. The second audit cycle demonstrated referrals rates had decreased and were below the audit standard which had been set by the practice.

The practice also used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. For example, 100% of patients with diabetes had an annual medication review, and the practice met all the minimum standards for QOF in diabetes/asthma/ chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

### Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

Staff told us they had annual appraisals. We looked at a sample of staff files, only two files contained reference to any appraisals; these were dated 2011 and 2013 respectively. Supervision of staff throughout the year was informal, and not documented.

As the practice was a training practice, doctors who were in training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support.

We saw records to confirm staff had completed training to the required levels for child protection and had also completed CPR training. There were some areas where staff required training or refresher training, including infection control, information governance and health and safety.

Some staff had opportunities for professional development beyond mandatory training. Reception staff had been offered the opportunity to undertake an NVQ (national vocational qualification) in customer care, supported by the practice.

### Working with colleagues and other services

The practice worked closely with other health and social care providers, to co-ordinate care and meet people's



# Are services effective?

## (for example, treatment is effective)

needs. We saw evidence and the practice staff told us they worked with other services and professionals. The GPs we spoke with all made reference to regular meetings with other healthcare professionals. These included meeting with district nurses, health visitors, school nurses and midwives. Some of these staff shared the premises with the practice. Relationships were longstanding and there were many opportunities for information sharing. Staff felt this system worked well.

We found appropriate and effective end of life care arrangements were in place. The practice maintained a palliative care register. We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out of hour's provider, Northern Doctors Urgent Care (NDUC).

### Information Sharing

Blood results, x ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital and NDUC, to be saved in the system for future reference.

### Consent to care and treatment

Before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. We asked staff how they ensured they obtained patients' consent to treatment. Staff

were all able to give examples of how they obtained verbal or implied consent. We saw where necessary, written consent had been obtained, for example, for minor surgery procedures.

GPs we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the Mental Capacity Act (MCA). We found the doctors were aware of the MCA and used it appropriately. The doctors described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did not have capacity to consent. The doctors told us an assessment of the person's capacity would be carried out first. If the person was assessed as lacking capacity then a "best interest" discussion needed to be held. They knew these discussions needed to include people who knew and understood the patient, or had legal powers to act on their behalf.

The practice had not had an instance where restraint had been required in the last 3 years but staff were aware of the distinction between lawful and unlawful restraint.

### Health Promotion & Prevention

The practice proactively identified people who needed ongoing support. This included carers, those receiving end of life care and those at risk of developing a long term condition

We found patients with long term conditions were recalled at regular intervals, to check on their health and review their medications for effectiveness. The GPs explained the process had been set up on the new system so that recalls were automatically generated when patients collected their prescriptions. Processes were also in place to ensure the regular screening of patients was completed, for example cervical screening.

We found that new patients were offered a 'new patient check', with the practice nurse, to ascertain details of their

## Are services effective?

(for example, treatment is effective)

past medical histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height and weight).

Information on a range of topics and health promotion literature was available to patients in the waiting area of

the practice. This included information about screening services, smoking cessation and child health. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. The practice's website also provided some further information and links for patients on health promotion and prevention.



# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

We spoke with 16 patients throughout the inspection. Most people told us they were happy with the care they received. They said they were treated with respect and were generally positive about staff.

We reviewed the most recent (2013-2014) national patient survey data available for the practice. This also showed that some patients were not satisfied with the practice. For example, only 61% of patients would recommend the practice, this score was 'among the worst' nationally (national average of 78%) The practice was also below average on the proportion of patients who described the overall experience of their GP surgery as good or very good.

The GP partners were aware of this and told us that for many years the practice only had two GPs. Since one of the GP partners took over another local practice, three further GPs were employed. They felt that it would take time for patients to be comfortable with the new arrangements.

Patients completed CQC comment cards to provide us with feedback on the practice. We received four completed cards, they were all positive about the service experienced. Comments left by patients indicated they were satisfied with the care provided by the practice.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We saw the rooms had appropriate couches for examinations and curtains to main privacy and dignity. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatment in order that confidential information was kept private. The reception desk had a glass screen which we saw remained closed when staff were not dealing with patients. The telephones were located away from the reception desk which helped keep patient information private. Some patients told us they felt their conversations with the receptionists could be overheard. Staff told us there was a room available if patients wanted to speak to the receptionist privately, although this facility was not advertised.

A chaperone policy was in place. However, there were no visible notices in either the waiting room or consultation rooms to inform patients of their right to request a chaperone.

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

Most patients we spoke to on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

The national patient survey information we reviewed showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment. For example, 70% of practice respondents said the GP involved them in care decisions (compared to a national average score of 75%). 67% felt the nurse involved them in such decisions (in line with the national average).

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

We saw there was a variety of patient information on display in the waiting room. This included information on health conditions, health promotion and support groups.

The patients we spoke with on the day of our inspection and the comment cards we received showed the majority of patients were positive about the emotional support provided by the practice. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet

## Are services caring?

the family's needs and/or signposting to a support service. Patients we spoke to who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff told us that where patients were known to have additional needs, such as being hard of hearing, were frail, or had a learning disability this was noted on the medical system. This meant the GP or nurses would already be aware of this and any additional support could be provided, for example, a longer appointment time. The clinicians would also always go to the waiting area to escort the patient to the consultation room. There were hearing loops installed in the practice and there was a mobile unit available for home visits.

There was information available to patients in the waiting room and reception area, about support groups, clinics and advocacy services.

The PPG members we spoke with before the inspection both told us the practice took notice and responded to requests and concerns the group fed back to them. They said this included simple things; for example, a suggestion had been made to install a bike rack in the car park. They said this had been done and was welcomed by the PPG and patients in general.

Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to a local care home on a specific day every fortnight, to those patients who needed to be seen by a doctor.

### Tackle inequity and promote equality

We asked staff how they made sure that people who spoke a different language were kept informed about their treatment. Staff told us they had access to an interpretation service. They knew how to book an interpreter but said this service was not used regularly because they did not have much need to.

Free parking was available in a car park directly outside the building. We saw there were marked bays for patients with mobility difficulties. The practice building was accessible to patients with mobility difficulties. We saw there were low level buttons on the walls at the entrance to the practice, when pressed the doors would open automatically. The consulting rooms were large with easy access for all

patients. There was also a toilet that was accessible to disabled patients. There was a large waiting room with plenty of seating; including smaller chairs for children and two orthopaedic high backed chairs.

### Access to the service

The practice is open between 8:30am and 6:00pm Monday to Friday. An extended surgery (access to the nurse only, no doctors) is provided on a Monday evening until 8:00pm. This limited access to people who worked during the day. The GP partners told us they had assessed the possibility of more extended opening hours and decided not to do this to help recruit additional GPs, however, they could not demonstrate how they met the needs of the working age population in this respect. Results from the most recent GP survey (2014) indicated that 70% of patients were satisfied with the practice opening hours. This was well below the national average of 80%.

The majority of patients we spoke with and those who filled out CQC comment cards said they were satisfied with access to services. Some patients commented that it took longer to see their preferred GP. Staff at the practice were aware of this, and felt it related to the changes to the practice since one of the GP partners took over a neighbouring practice. Staff told us the number of appointments had increased overall, but there were fewer available with the GP partners. The practice manager showed us that the next available routine appointment was on the same day.

The GPs felt this was the reason behind the results of the most recent GP Survey (2014). This showed 70% of respondents were satisfied with booking an appointment and 25% said they always or almost always see or speak to the GP they prefer. These results were 'among the worst' for GP practices nationally.

We found that patients were able to book appointments either by calling into the practice, on the telephone or using the on-line system. Face to face and telephone consultations were available to suit individual needs and preferences.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent

# Are services responsive to people's needs?

(for example, to feedback?)

medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving information on the out-of-hours service.

Staff told us if a patient wanted an emergency appointment then they could have one the same day. This was confirmed when we observed reception staff taking calls from patients; patients were offered appointments on the same day. If there were no appointments available then a 'task' would be sent via the practice's computer system to one of the GPs. The GP would then telephone the patient and if necessary ask them to attend the practice later in the day. Each clinic also had a dedicated slot which was used to accommodate any poorly children.

There were notices throughout the practice advertising flu clinics. We saw the clinics were planned for various times of the day to give as many patients as possible the opportunity to attend.

## Listening and learning from concerns and complaints

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

The complaints policy was outlined in the practice brochure and was available on the practice's website. The practice also had a comments box situated in the waiting room to enable patients to provide feedback about the service provided.

None of the 16 patients we spoke with during the inspection said they had felt the need to complain or raise concerns with the practice. In addition, none of the four CQC comment cards completed by patients indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy. They told us they would deal with minor matters straight away, but would inform the practice manager of any complaints made to them. This meant patients could be supported to make a complaint or comment if they wanted to.

We saw the practice had received one formal complaint within the last 12 months. We reviewed this and saw the practice had not followed its policy on dealing with complaints, for example, contacting the complainant within two days. Some of the clinical staff we spoke with were not clear about the complaint and subsequent action taken. There was no evidence that clinical staff had discussed what had been learned from the complaint.

The practice manager told us only written complaints were logged. There was a risk any trends or learning opportunities were not captured as any informal or verbal complaints were not logged on the complaints register.

# Are services well-led?

(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 clear vision for future development. Some of the staff we spoke with were not clear about the practice's vision. There was no documented vision statement. There were no strategic plans for the future of the practice. There was a statement of purpose, which outlined the aims and objectives of the practice. This included the 'provision of high standard care in order to meet patients' needs' and 'treat patients with respect, dignity, honesty and integrity.'

The practice manager told us that the vision had changed, and is still changing since one of the GP partners took over another local practice.

### Governance Arrangements

The practice did not have a comprehensive assurance system in place to measure performance. Many of the concerns we identified throughout the inspection happened because of this. For example, if regular checks on equipment had been carried out then it would have been unlikely that we found out of date items.

The practice had focussed on ensuring it performed well clinically, this was evident in the high Quality and Outcomes Framework (QOF) scores achieved. It meant that there had not been sufficient time to spend on developing appropriate governance arrangements to reflect the revised working arrangements.

There were a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We spoke with staff and they confirmed these arrangements.

Practice policies were updated on an ad-hoc basis; there was no timetable in place to ensure policies were checked to ensure they remained relevant. When policies were updated, the practice manager sent an email to staff to remind them to read them. There were no follow up arrangements in place to check whether staff had read and understood the policies.

There was no clinical governance policy. The practice had previously been run by two GP partners so it was felt a formal policy wasn't necessary. Since the employment of additional clinical staff this decision had not been revisited.

The GPs we spoke with told us clinical meetings were held every fortnight. These meetings were minuted and copies were circulated to all GPs to ensure all were aware of any discussions or changes to practice.

The practice used the QOF to measure their performance. The QOF data for this practice showed it was performing above national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There were no arrangements in place to regularly audit areas such as infection control or health and safety. The practice manager confirmed that 'administrative' type audits were not generally carried out. They told us about an audit in the previous year on the time taken to answer telephone calls, the results were shared with staff at the time, but there were no documented findings or actions to be taken to improve performance.

### Leadership, openness and transparency

The practice had an established management structure. One of the GP partners was accountable for clinical issues; the practice manager was responsible for all other areas. The practice manager role was part-time as they were also the practice manager for the practice which had recently been taken over by one of the partners. Staff we spoke with were clear about the management structure.

We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues.

### Practice seeks and acts on feedback from users, public and staff

The practice had an established patient participation group (PPG). The PPG met every quarter, although there were no published minutes available on the practice website. The meetings were not advertised in the waiting room and many of the patients we spoke with were not aware of the PPG.

PPG members told us they were fully involved in how the practice operated. They said they were listened to and felt that patient opinion and feedback was always welcomed.

# Are services well-led?

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

by the practice and suggestions were acted upon. For example, the PPG influenced the recruitment of additional female GPs to improve access to doctors of different genders.

The practice gathered feedback from staff through meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice did not have a whistleblowing policy and staff we spoke with were not aware of the issue and did not know whether any arrangements were in place.

## **Management lead through learning & improvement**

The practice did not have a clear strategy to support staff development and training. There were no policies or formal arrangements in place to help manage staff performance.

Staff meetings were scheduled to be held on a monthly basis. Some of the staff we spoke with said that a number of team meetings had been cancelled due to work priorities. We looked at the minutes from a practice meeting held in July. The content of the meeting did not include any quality reviews or issues. There was no evidence of learning from complaints for example, being shared across the practice. We saw there had also been a meeting in August, however there were no minutes from this meeting. It was therefore difficult to ascertain what had been discussed and which staff had attended.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations  
2010 Assessing and monitoring the quality of service providers

**How the regulation was not being met:** Patients were not protected against the risks of inappropriate or unsafe care and treatment by way of effective operation of systems designed to regularly assess and monitor the quality of service.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

**How the regulation was not being met:** Patients were not protected against identifiable risks of acquiring a health care associated infection because the provider did not have effective infection control systems in place.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

**How the regulation was not being met:** Patients who used the service were not protected against the risks associated with the unsafe use and management of medicines because there were inadequate arrangements for managing medicine alerts, the provision of emergency medicines and the recording of blank prescription forms.

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Compliance actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 16 HSCA 2008 (Regulated Activities) Regulations  
2010 Safety, availability and suitability of equipment

**How the regulation was not being met: Patients were not protected from the risk of unsafe equipment.**