Riversdale Surgery

Quality Report

51 Woodcroft Road, Wylam, Northumberland, NE41 8DH
Tel: 01661 852208
Website: www. riversdalesurgery.co.uk

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

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 Riversdale surgery on 29 July 2015. The practice has a main surgery, Riversdale Surgery at Wylam and a branch surgery, Oaklands Medical Centre at Prudhoe. We visited both of these locations as part of the inspection. Specifically, we found the practice to require improvement for providing safe and effective services and for being well led. They were rated as good for providing caring and responsive services.

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

- The practice had a system in place for reporting, recording and monitoring significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used opportunities to learn from incidents to support improvement.
- Some risks to patients and staff were not assessed and systems and processes were not fully implemented to keep patients safe. For example, there was a health and safety risk assessment but this had not been reviewed since the year 2000 and the portable appliance testing (PAT) was overdue.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We saw a system of clinical audit to improve outcomes for patients.
- Staff had received some training but not all appropriate to their roles; for example, they had not received health and safety or information governance training. There was an appraisal system in place; however staff appraisals were not up to date.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Data showed that patients rated the practice higher than the clinical commissioning group (CCG) and national averages for being caring.

Summary of findings

- Patients told us and CQC comment cards indicated that they had no problems obtaining an appointment. They said this was an area the practice were good at.
- The practice dealt with complaints however, information for patients was not in line with recognised guidance and contractual obligations for GPs in England.
- The practice did not have a documented vision or business development plan for the future; however they knew the challenges they faced in the future. There was a leadership structure and staff felt supported by management. However, some of the systems and processes which should have been in place to keep patients and staff safe were not established.

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

Importantly, the provider must:

- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this.
- Ensure systems and processes are established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.

In addition the provider should:

- Consider setting up a patient participation group.
- Take steps to improve the information available to patients regarding the complaints system.
- Consider using a maximum-minimum fridge thermometer in the dispensary fridge.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where they should make improvements.

Systems and processes to address safety risks such as health and safety were not fully embedded enough to ensure patients were kept safe, for example, portable appliance testing (PAT) was overdue and there were cables trailing on the floor in consulting rooms from electric sockets. There was no legionella risk assessment for the Wylam surgery.

However, The practice had a system in place for reporting, recording and monitoring significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used opportunities to learn from incidents to support improvement.

We saw that appropriate recruitment checks had been undertaken on staff prior to employment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

The practice did not have an effective system to record staff training and some basic training had not been completed. Staff had not received a regular appraisal.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was above the local clinical commissioning group (CCG) average by 3.3 percentage points and above the England average by 7.7 percentage points.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice above the national averages for being caring. Patients told us that patients were treated

Summary of findings

with compassion, dignity and respect and were involved in decisions about their care and treatment. Information to help patients understand services available was easy to understand. We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing effective services.

Patients told us and CQC comment cards indicated that they had no problems obtaining an appointment. They said this was an area the practice were good at. However, there were no extended opening hours.

Results of the National GP Patient Survey from January 2015 showed that 97% of patients found it easy to get through to this surgery by phone compared to the local CCG average of 77**%.** 91% were able to get an appointment to see or speak to someone the last time they tried; the local CCG average was 86%. 80% of patients said they got an appointment with their preferred GP or usually got to see or speak to them, the local CCG average was 62%.

The practice had good facilities and was equipped to treat patients and meet their needs. The practice had a system in place for handling complaints and concerns. However, their complaints policy was not in line with recognised guidance and contractual obligations for GPs in England.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services as there are areas where they should make improvements.

The practice did not have a documented vision or business development plan for the future; however they knew the challenges they faced in the future. There was a leadership structure and staff felt supported by management; however regular appraisals were not up to date. The practice had policies and procedures to govern activity but these were out of date or not all or partially followed. There was a system of clinical audit in place to improve patient outcomes. The practice were achieving maximum clinical points for QOF. Regular staff meetings were held. The practice had proactively sought feedback from patients but did not have a developed action plan to address any identified issues. There was no patient participation group (PPG).

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

Requires improvement

The practice is rated as requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore impacts on all population groups.

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 0.5 percentage points above the local Clinical Commissioning Group (CCG) average and 1.8 points above the England average.

The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. This group of patients were offered an annual health check. The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people. High risk groups of elderly patients, such as those receiving palliative and residential care had care plans in place.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. There are aspects of the practice that require improvement which therefore impacts on all population groups.

They had a register of patients with long-term conditions. The GPs mostly managed the reviews of this with the assistance of the practice nurse for certain conditions. All were read coded on the practice computer system which meant they could be identified. The practice manager managed the administration of the recall system. The practice had a system in place to follow up those who did not attend their reviews and there was a strong medicines review procedure. We saw the practice achieved maximum Quality and Outcomes Framework (QOF) points available to them for all of the chronic conditions, for example, 100% for COPD which was above the CCG and England averages by 1.5 and 4.8 points.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore impacts on all population groups.

Summary of findings

The practice had identified the needs of families, children and young people, and put plans in place to meet them. The practice had a dedicated GP and a practice nurse appointed as the lead for safeguarding vulnerable children. There was a safeguarding children policy. There were regular multidisciplinary team meetings involving child care professionals such as health visitors. This covered safeguarding and families who required support.

The practice offered child health and ante-natal clinics. These were held at the Prudhoe branch surgery every week. A full range of immunisations for children, in line with current national guidance were offered. Last year's performance for immunisations was above the averages for the clinical commissioning Group (CCG) in 17 of the 20 categories of child immunisation. For example, infant meningococcal C (Men C) vaccination rates for two year old children were 94.4% compared to 97.1% across the CCG. MMR dose 2 at 5 years was 100% compared to 96.5% across the CCG.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore impacts on all population groups.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. There was a same day telephone access to a clinician service and if an appointment was necessary it could be arranged, although there were no extended opening hours. There was on-line access available to book appointments and order repeat prescriptions. They offered a full range of health promotion and screening which reflected the needs for this age group, for example, smoking cessation clinics.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore impacts on all population groups.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Summary of findings

The practice carried out annual health reviews of patents with learning disabilities. Patients with caring responsibilities were identified and there were links to the local carers support group.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore impacts on all population groups.

The practice worked closely with mental health services. There was an in house community psychiatric nurse attached to the practice. This enabled them to keep close contact with the service. Patients experiencing poor mental health received annual health reviews.

96.2% of patients experiencing dementia had received annual reviews, the CCG average is 81.7% and the England average is 77.9%. The practice proactively tried to identify patients with dementia by trying to identify concerns on routine reviews and opportunistically during consultations.

Summary of findings

What people who use the service say

We spoke with seven patients on the day of our inspection at both the main surgery at Wylam and the branch surgery at Prudhoe. All of the responses were positive. Patients were satisfied with the care they received from the practice and felt staff went the extra mile to provide care and support. They told us staff were friendly and helpful and they felt supported and listened too in their appointments. Patients said they had no problems in obtaining an appointment either routine or urgent, they said this was an area the practice were very good at.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 (which is 1% of the practice patient list size) comment cards which were all positive about the standard of care received. Patients praised the staff including GPs, the practice nurse and reception staff for their professional care and felt they received good continuity of care. Patients said they could obtain an appointment easily.

Results from the National GP Patient Survey July 2015 (from 128 responses which is equivalent to 2.2% of the patient list) demonstrated that the practice was performing well, none of the averages were below either the local and national averages, for example;

- 100% of respondents had confidence and trust in the last nurse they saw or spoke to, compared with a CCG average of 99% and national average of 97%.
- 99% had confidence and trust in the last GP they saw or spoke to, compared with a CCG average of 96% and national average of 95%.
- 80% with a preferred GP usually get to see or speak to that GP, compared with a CCG average of 62% and national average of 60%.
- 97% find it easy to get through to this surgery by phone, compared with a CCG average of 77% and national average of 73%.
- 85% are satisfied with the surgery's opening, compared with a CCG average of 77% and national average of 75%.
- 88% would recommend this surgery to someone new to the area, compared with a CCG average of 81% and national average of 78%.

The practice carried out its own survey in February 2015, the practice concluded from this survey that the majority of patients were satisfied with the service they provided. The majority of patients were happy with telephone access. Regarding patient satisfaction 78% were completely satisfied, 15% very satisfied and 7% fairly satisfied.

Areas for improvement

Action the service MUST take to improve

- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this.
- Ensure systems and processes are established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.

Action the service SHOULD take to improve

- Consider setting up a patient participation group.
- Take steps to improve the information available to patients regarding the complaints system.
- Consider using a maximum-minimum fridge thermometer in the dispensary fridge.

Riversdale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second CQC inspector and a CQC pharmacy inspector**.** The team also included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Riversdale Surgery

Riversdale Surgery has two practices in the East Tyne Valley area of Northumberland. The practice provides services to approximately 5,800 patients from the two locations;

- Riversdale Surgery, 51 Woodcroft Road, Wylam, Northumberland, NE41 8DH
- Oaklands Medical Centre, Front Street, Prudhoe, Northumberland, NE42 5DQ.

We visited both of these locations as part of the inspection of the practice. The main surgery is a dispensing surgery. This means under certain criteria they can supply eligible patients with medicines directly.

Public Health England data showed and the practice confirmed that they had higher levels of older patients than other practices. For example 25.3% of patients were over the age of 65, the national average was 16.7%. The index of multiple deprivation (IMD) placed the practice as band nine for deprivation, where one is the highest deprived area and ten is the least deprived.

The main surgery in the village of Wylam is in converted residential building which has been established for over thirty years. Patient facilities are on both the first and second floors, parking is limited. The branch surgery in the town of Prudhoe is in a building which was converted into a health centre in the last two years. There is a large car park, including disabled parking bays, step free access and patient facilities are on the ground floor.

The practice had four GP partners; three were male and one female. As the practice was a training practice it also had an allocation of GP registrars (a fully qualified doctor allocated to the practice as part of a three-year, general postgraduate medical training programme), three of the of the GPs are male and one female. The practice is a training practice. There is one practice nurse and health care assistant. There is a practice manager and 12 administrative staff. There are two dispensers of which one also works in an administrative role.

The practice is commissioned to provide services within a General Medical Services (GMS) agreement with NHS England.

Both surgeries were open 8am to 6pm Monday to Friday with the exception of Wednesday when they closed between 12 noon and 1pm.

Patients were able to book appointments either on the telephone, at the front desk or using the on-line system.

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

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

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

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

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

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

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

We carried out an announced visit on 29 July 2015. During our visit we spoke with a range of staff. This included GPs, the practice nurse, dispenser and reception and administrative staff. We also spoke with seven patients. We reviewed 18 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

As part of our planning we looked at a range of information available about the practice from the National GP patient survey and the Quality Outcomes Framework (QOF), which is a national performance measurement tool. The latest information available to us at the time of the inspection indicated there were no areas of concern in relation to patient safety.

The practice used a range of information to identify risks and improve quality in relation to patient safety. This included reported incidents, national patient safety alerts as well as comments and complaints received from patients. For example, it was discovered during afternoon surgery that a home visit had not been added to the list of morning visits. Following this staff were reminded of the importance of recording home visits appropriately.

Staff we spoke to were aware of their responsibility to raise concerns, and how to report incidents and near misses. Staff said there was an individual and collective responsibility to report and record matters of safety.

We saw mechanisms were in place to report and record safety incidents, including concerns and near misses, although they were not always followed. Systems and processes to address safety risks such as were not fully embedded to ensure patients were kept safe. For example, the portable appliance testing (PAT) was overdue. The practice could therefore not demonstrate a consistent safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. They were open and transparent when there were near misses or when things went wrong. There were records of significant events and we were able to review these. The practice manager told us that significant events were discussed at weekly partners meetings then learning disseminated to staff at monthly staff meetings. There was also a yearly review of significant events to identify any patterns or trends.

National patient safety alerts came to the practice via a generic email. The practice manager had responsibility to disseminate the alerts to the most appropriate member of staff. The practice manager would print them off and use a circulation folder where the member of staff would tick if they had read the alert.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. They met with health visitors, district nurses and social services on a monthly basis to discuss child safeguarding issues and we saw minutes of these meetings. Safeguarding issues and children at risk were also discussed at the weekly practice meeting as a standing agenda item.

The practice had two dedicated GP's appointed as safeguarding leads, one for safeguarding vulnerable adults and one for children. These GP's were responsible for ensuring staff were aware of any safeguarding cases or concerns. We were told staff had been trained to the appropriate level for their role. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. Staff we spoke with said they knew which of the GP partners the safeguarding leads were. Staff were aware of the location of safeguarding and chaperoning polices and we saw records that confirmed staff had read these policies.

The practice kept their own safeguarding register and registers of vulnerable patients including those with mental health issues, learning disabilities and carer responsibilities, these ensured regular reviews were undertaken.

A notice was displayed in the patient waiting areas to inform patients of their right to request a chaperone. Staff told us it was mainly the practice nurse who acted as chaperone but administrative staff were also trained to act as chaperone, if required, and had received the appropriate vetting checks. The administrative staff we spoke to could clearly demonstrate that they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

Requires improvement

Are services safe?

We saw records showing all members of staff involved in the dispensing process had received appropriate training and appraisal; however, we were told that formal checks of their competency regarding the dispensing of medicines were not carried out as part of this process.

We saw that requests for repeat prescriptions were dealt with in a timely way. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We checked three anonymised patient records which confirmed that the procedure was being followed.

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 destruction of controlled drugs.

The practice had established a service for people to pick up their dispensed prescriptions at two locations and had systems in place to monitor how these medicines were collected. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

We looked at records to see if medicines requiring refrigeration had been stored appropriately. Recent records had been completed to monitor refrigeration temperatures; however, a maximum-minimum fridge thermometer was not used in the dispensary fridge. This meant that it was not possible to demonstrate that the temperature was always within the correct range.

Cleanliness and infection control

We saw there was an up-to-date infection control policy and guidance for staff about specific issues such as needle stick injuries. The practice nurse was the infection control lead. They had not received training specific for this role. The practice nurse had trained the staff in infection control.

The most recent infection control audit was carried out in June 2015 by the infection control lead nurse. There was no score from this, or an action plan to follow up actions identified from the audit. There were issues identified such as clutter and no records of cleaning and checking.

The risk of the spread of inspection 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 walls and flooring that were easy to clean. Hand washing instructions were displayed by hand basins and there was a supply of liquid soap and paper hand towels. There was a date on the disposable privacy curtains in the consultation rooms; they had been changed in the last six months. There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades.

At the Prudhoe surgery the landlord of the property supplied the cleaning services. The practice manager did not have any checks in place to monitor how effective the cleaning was there. The practice had a contract with a cleaning company at the Wylam surgery; who had just taken over the cleaning. However, all documentation referred to the previous contractor. The cleaner's cupboard did not have any signage or guidance in it in relation to colour coded mop heads which reduce cross contamination.

There was no legionella (bacteria found in the environment which can contaminate water systems in buildings) risk assessment at the Wylam surgery, the practice manager and lead GP told us they had thought about this but had not carried one out. Following the inspection the practice manager forwarded us a legionella risk assessment which had been carried out at the branch surgery at Prudhoe.

Requires improvement

Are services safe?

Equipment

We looked at the stickers on electrical equipment to see when the last portable appliance testing (PAT) had been carried out. This was variable between 2012 and 2013 which indicated that testing was overdue. We brought this to the attention of the practice manager who thought this had been carried out annually. They acknowledged that the equipment test was overdue. Following the inspection we were sent information that told us that this had now been completed in August 2015.

We looked at the stickers on the medical devices which needed to be calibrated such as blood pressure monitoring machines and weighing scales. We saw the last testing date was within the last year.

Staffing and recruitment

The practice provided us with their recruitment policy which we requested prior to the inspection. It had been reviewed in September 2014 and set out the standards they followed when recruiting clinical and non-clinical staff. Staff recruitment records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

We discussed criminal records checks which are made via the Disclosure and Barring Service (DBS) with the practice manager. All clinical staff had received a DBS check and non-clinical staff other than the most recent member of administration staff for whom a check was in progress.

Staff told us there were enough staff to maintain the smooth running of the practice and to ensure patients were kept safe. The GPs partners all covered each other's absences. The practice did not use locum GP cover. The practice manager explained that staff were required to give a months' notice where possible for absences and the administrative staff worked part-time and were able to cover each other's absences.

The practice manager carried out checks to ensure that clinical staff had up to date registration with professional bodies such as the Nursing and Midwifery Council (NMC). There was also a record of medical indemnity insurance for clinical staff and the date it was due for renewal.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of medicines management and staffing. There was a health and safety policy from 2013. However, there was no risk assessment of health and safety hazards particular to both buildings, hazards that could, for example, result in slips and trips.

We saw in two of the consulting rooms and the treatment room at the Wylam surgery that there were several gang electrical sockets in each room. Staff raised concerns that these were overloaded. In the consulting rooms cables from gang sockets were trailing across the floor into the sockets at the wall posing a risk of tripping. We raised these issues with the practice manager and lead GP.

We asked about a fire risk assessment for the branch surgery at Prudhoe, the practice manager said they did not have one, however; the landlord may have their own. A copy of this was then forwarded to us after the inspection.

We saw a fire policy for the surgery at Wylam. It stated there should be fire evacuation drills every six months. The practice manager said these had not been carried out for over a year. The fire risk assessment for Wylam could not be found on the day of our inspection. Following the inspection the practice manager emailed us with a document entitled 'Points following the fire risk assessment'. These included points, for example, 'log book-checking equipment, training and fire drills'. There was no action plan as to how this was to be taken forward. Staff had received fire safety training in 2013 and further on-line training for this was planned.

We saw other maintenance documentation. The gas safety certificate for the boiler was within the last year, the fire alarm had been recently serviced, although the last date for the testing of the emergency lighting was March 2012.

The practice had developed lines of accountability for all aspects of patient care and treatment. The GPs had lead roles such as palliative care and safeguarding.

Arrangements to deal with emergencies and major incidents

Emergency equipment was available including access to oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency). Emergency medicines were available in a secure area of the practice and all staff knew of their location. The defibrillator and oxygen were accessible and records of weekly checks were up to date.

Requires improvement

Are services safe?

We saw that most staff had received basic life support training, other than two new members of the administration team who were employed in January and May 2015. There was a signing in sheet from the training which had been held at the surgery.

There was a business continuity plan however, this had been prepared in 2009 and had not been updated. It did not include details of the branch surgery in Prudhoe. There were no telephone numbers of staff or utilities to contact in an emergency, key holder details or details of who held the plan in case of emergency.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurse we spoke with could outline the rationale for their treatment approaches. They were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE).

We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. There were care plans in place for patients with complex needs, in particular, those at high risk of hospital admission and those receiving palliative care. Patients with complex mental health needs had a care plan in place.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. They had a register of patients with long-term conditions. The GPs mostly managed the reviews of this with the assistance of the practice nurse for certain conditions. All were read coded on the practice computer system which meant they could be identified. The practice manager managed the administration of the recall system. The practice had a system in place to follow up those who did not attend their reviews and there was a strong medicines review procedure.

We reviewed the most recent Quality and Outcomes Framework (QOF) results for the practice for the year 2013 / 2014. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. We saw the practice had achieved a score of 100% of the percentage points available to them for providing recommended treatments for the most commonly found clinical conditions. This was above the local clinical commissioning group (CCG) average by 3.3 percentage points and above the England average by 7.7 percentage points.

Discrimination was avoided when making care and treatment decisions. Interviews with the GP and practice nurse showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of a patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice had a system in place for clinical audit. We were provided with a list of seven clinical audits which had been carried out in the last year. We saw an audit cycle which had been carried out on the prescribing medication for urinary continence. The CCG target for patients for this was for 45% to take first line drugs for this condition. A first line drug is considered to be the first choice of medication to treat a specific condition. Following the two cycle audit the practice saw an increase from 36.2% of patients taking a first line drug to 44.6% for the treatment of this condition.

The practice used the information collected for the QOF and performance in national screening programmes to monitor outcomes for patients. The practice manager and lead GP for this area met every Wednesday afternoon to review QOF. The practice met all the minimum standards for QOF. For example, the practice was undertaking regular reviews of patients with hypertension for known risk factors. They achieved 100% of the percentage points available which was 7 percentage points above the local clinical commissioning group (CCG) and 11.6 percentage points above the England average.

The practice made use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Staff spoke positively about the culture in the practice around audit and quality improvement.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

There was no staff training matrix which set out the training staff required for their role or how often they should receive training updates. We were told by the practice manager

Requires improvement

Are services effective?

(for example, treatment is effective)

that staff had received training in basic life support, fire safety, safeguarding, infection control and chaperoning where appropriate. We looked at three staff files but were unable to fully confirm this training had been received as certificates were not available. The practice manager told us that they had recently enrolled as a practice with an on-line training company. We saw that staff had logged in and carried out training, however certificates from this training were not available. Staff had not received information governance or health and safety training.

We asked the practice manager about the appraisal system for staff at the practice. The practice manager said that appraisals were due in May 2015 however they had not been carried out yet and were due to be completed in September 2015. We did not see any staff appraisals, we asked to see the practice nurses appraisal which was not made available to us. The practice manager said they had not received formal regular appraisal. Staff we spoke with however said that they felt supported by the management at the practice and they could go to them for support at any time.

Working with colleagues and other services

The practice could demonstrate that they worked with other services to deliver effective care and treatment across the different patient population groups. The practice held multidisciplinary team meetings at least monthly. This covered safeguarding, clinical issues and palliative care. These meetings were attended by the practice's GPs and nurses along with district nurses, social workers, community psychiatric nurses, drug and alcohol workers and palliative care nurses depending upon the meeting.

The practice received a list of unplanned admissions and attendance at accident and emergency (A&E) to support them to monitor this area, which were discussed in high risk patient pathway meetings with the extended primary health care team. This helped to share important information about patients including those who were most vulnerable.

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X-ray results, letters from the local hospital including discharge summaries, out-of-hours providers and the NHS 111 service, were received both electronically and by post.

We found appropriate 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-hours provider and the ambulance service.

Information sharing

There were 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 had been fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Regular meetings were held throughout the practice. Information about risks and significant events were shared openly at meetings. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed to enable continuity of care.

Correspondence from other services such as blood results and letters from the local hospital including discharge summaries was received both electronically and by post. Staff we spoke with were clear about their responsibilities for reading and taking action to address any issues arising from communications from other care providers. They understood their roles and how the practice's systems worked.

Consent to care and treatment

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. Staff we spoke with told us they ensured they obtained patients' consent to treatment. Staff were able to give examples of how they obtained verbal or implied consent.

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) on a patient by patient basis. We found the GPs were aware of the MCA and used it appropriately and told us they had received MCA training. The GPs described the procedures they would follow where people

Requires improvement

Are services effective?

(for example, treatment is effective)

lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did not have capacity to consent. The GPs 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.

Health promotion and prevention

New patients were required to complete a registration form and questionnaire and then make an appointment with the health care assistant or GP for a new patient health check.

Information on a range of topics and health promotion literature was available to patients in the waiting areas of the practice. The practice offered a range of health assessments and advice which included obesity and weight management and travel advice and immunisations.

The QOF data for 2013/14 confirmed the practice supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy. The data showed the practice had obtained 100% of the points available to them for providing support with blood pressure. This was 4.1 percentage points above the local CCG average and 5.1 points above the England average. The data also showed the practice had achieved 100% of the total points available to them for providing recommended care and treatment for patients diagnosed with obesity. This was in line with the local CCG and England averages.

The QOF data showed the practice obtained 100% of the points available to them for providing cervical screening to women. This was 0.4 percentage points above the local CCG and 2.4 above the England average. The practice had procedures in place for the management of cervical screening. The proportion of patients eligible for screening who had been tested was 84.7%; this was above the CCG average of 79.9% and the national average of 76.9%.

The practice offered child health and ante-natal clinics. These were held at the Prudhoe branch surgery every week. A full range of immunisations for children, in line with current national guidance were offered. Last year's performance for immunisations was above the averages for the clinical commissioning Group (CCG) in 17 of the 20 categories of child immunisation. For example, infant meningococcal C (Men C) vaccination rates for two year old children were 94.4% compared to 97.1% across the CCG. MMR dose 2 at 5 years was 100% compared to 96.5% across the CCG.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice regarding patient satisfaction. This included information from the national GP patient survey (July 2015). For example, the proportion of patients who described their overall experience of the GP surgery as good or very good was 93%, which was above the clinical commissioning group (CCG) average of 87% and the national average of 85%.

The proportion of patients who said their GP was good or very good at treating them with care and concern was 93%, the CCG average was 88% and the national average 85%. The proportion of patients who said the nurse was good or very good at treating them with care and concern was 97%, the CCG average was 93% and the national average 90%.

The practice carried out its own survey in February 2015, the practice concluded from this survey that the majority of patients were happy with the service they provided. Regarding patient satisfaction 78% were completely satisfied, 15% very satisfied and 7% fairly satisfied.

We spoke with seven patients on the day of our inspection at both the main surgery at Wylam and the branch surgery at Prudhoe. All of the responses were positive. Patients were satisfied with the care they received from the practice and felt staff went the extra mile to provide care and support. They told us staff were friendly and helpful and they felt supported and listened too in their appointments.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was seen to be considerate, understanding and caring, while remaining respectful and professional. The GP national survey data showed 94% of patients found the receptionists helpful; the CCG average was 89% and the national average 87%. The practice's own survey showed that the majority of patents found reception staff very helpful.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to by the GPs and practice nurses. They said the clinical staff gave them plenty of time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given.

From the 2015 National GP Patient Survey, 92% of patients said the GP they visited had been good at involving them in decisions about their care (CCG average was 86% and national average 81%). The data showed that 93% of patients said the practice nurse they visited had been good at involving them in decisions about their care (CCG average 87% and the national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and support groups.

The practice's computer system alerted GPs if a patient was also a carer. There was support available for carers from the local carer's support group.

There was a palliative care register and regular contact with the district nurses. There were monthly palliative care meetings which involved GPs, district nurses and palliative care nurses. Palliative care was also a standing agenda item on the weekly practice meeting agenda.

Staff told us that if families had suffered bereavement there was support available. The GPs would carry out a home visit if needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to the needs of the local population. Patients we spoke with said they felt the practice was meeting their needs, they felt they received good continuity of care. The four GP partners had all worked at the practice for some time and locum GPs were not used.

All patients had a named GP. This included those aged over 75 who had been notified of their named GP, this group of patients were offered an annual health check. High risk groups of elderly patients, such as those receiving palliative and residential care had care plans in place and were discussed at the high risk patient pathway meeting. 96.2% of patients experiencing dementia had received annual reviews, the CCG average is 81.7% and the England average is 77.9%. The practice proactively tried to identify patients with dementia by trying to identify concerns in routine reviews and opportunistically during consultations.

The practice had a register of those patients who had learning disabilities and caring responsibilities.

The practice had a comments box in the surgery waiting areas. They had also carried out annual patient surveys since 2013. There was no patient participation group (PPG).The practice manager told us they had always felt that their patients were vocal and would come forward anyway to put forward their views without a PPG.

Tackling inequity and promoting equality

The practice had access to translation services, including sign language, if required. There was no induction loop system in place for patients who experienced hearing difficulties.

The practice worked closely with mental health services. There was an in house community psychiatric nurse attached to the practice. This enabled them to keep close contact with the service. Patients experiencing poor mental health received annual health reviews.

At the Prudhoe branch surgery all of the treatment and consulting rooms could be accessed by those with mobility difficulties, there was a large car park, including disabled parking bays and step free access. At the main surgery in the village of Wylam patient facilities were on both the first and second floors and parking was limited.

The practice had three male and one female GP, which gave patients the ability to choose to see a male or female GP.

Access to the service

Both surgeries were open 8am to 6pm Monday to Friday with the exception of Wednesday when they closed between 12 noon and 1pm, the branch surgery at Prudhoe closed on Thursday afternoons .There were no extended opening hours. Patients were able to book appointments either on the telephone, at the front desk or using the on-line system.

Patients we spoke with on the day of the inspection said they had no problems in obtaining an appointment either routine or urgent, they said this was an area the practice were very good at. This was also reflected in the CQC comment cards which were completed. However, there were two comments from patients in the practice's own survey carried out in February 2015 that extended opening hours would be helpful.

The National GP Patient Survey 2015 showed patient satisfaction regarding access was above the local CCG average and national averages.

- 97% found it easy to get through to this surgery by phone - local CCG average: 77% and national average 73%.
- 85% were satisfied with the surgery's opening hours – local CGG average 77% and national average 75%.
- 80% with a preferred GP usually get to see or speak to that GP – local CCG average: 62% and national average 60%.
- 97% say the last appointment they got was convenient - local CCG average: 93% and national average 92%.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were three urgent, on the day, appointments available. There were nine routine appointments available the day after our inspection.

Information was available to patients about appointments on the practice website and in the patient information leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone

Good

Are services responsive to people's needs?

(for example, to feedback?)

number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. Repeat prescriptions could also be ordered on-line or at reception.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, their complaints policy was not in line with recognised guidance and contractual obligations for GPs in England. The policy was undated and made reference to the family health service authority (FHSA) which ceased to exist in 1994. We asked for a complaints leaflet at the branch surgery at Prudhoe, one could not be found. The leaflet we were supplied with from Wylam surgery did not specifically contain information regarding taking a complaint further than the practice, for example, to NHS England or the parliamentary ombudsman. Following the inspection the practice manager contacted us to advise the policy and information leaflet had been updated.

The practice manager supplied us with a schedule of nine complaints which had been received in the last 12 months. We looked at the response to them and found these had all been dealt with. Complaints were discussed at the weekly practice business meeting if any were received that week and then reviewed annually.

Are services well-led?

Requires improvement

(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 documented vision or business plan for the future of the practice. However, they recognised that they strived to provide high quality care to all of their patients.

They identified the need to plan for the future as there were retirements of clinical staff coming up in the next few years. They knew the challenges facing the future of GP practice.

The practice manager and one of the GP partners met monthly to discuss the management of the business side of the practice.

They told us practice had been updated, the dispensary at Wylam had been revamped and a new checking system devised. There were now paperless transfers of records and SMARTcards had been introduced for staff.

The practice had been told by NHS England that they had the highest take up of patients registering for on-line services. So far 29% of patients (1700 out of 5885) had signed up. They had been asked by NHS England to undertake an audit of how they were so successful in achieving good on-line use.

Governance arrangements

The governance arrangements did not always operate effectively. There were some policies and procedures in place, however, these were out of date or not followed. Policies and procedures were accessible to staff by hard copy but not in any order and were difficult to follow.

There were risks to the health and safety of patients and staff which had not been assessed. For example, portable appliance testing (PAT) was out of date and electrical wires trailed across the floor in consulting rooms.

The practice had a system in place for clinical audit. The practice used the Quality and Outcomes Framework (QOF) as an aid to measure their performance. The practice had achieved a score of 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was above both the local Clinical Commissioning Group (CCG) by 3.3 percentage points and England averages by 7 percentage points. We saw the practice achieved maximum points available to them for all of the chronic conditions, for example, 100% for COPD which was above the CCG and England averages by 1.5 and 4.8 percentage points. There were clinical leads for the management of illnesses and long term conditions which were shared between the GPs.

Leadership, openness and transparency

There was a well-established management team with allocation of responsibilities. For example, one of the GP partners was the lead for diabetes. Staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Regular meetings, involving staff at all levels, were held. The practice manager showed us examples of minutes of the meetings which were held, for example, multi-disciplinary (MDT) and clinical meetings.

We found the practice learned from incidents and near misses. Significant events meetings were held where such issues were discussed.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a comments box in the surgery waiting areas. They had also carried out annual patient surveys since 2013. However, there was no evidence that patient's views had influenced change in the practice. The practice concluded from the last survey that the majority of patients were happy with the service provided. There was no action plan following the patient surveys to address any identified issues for improvement. There was no patient participation group (PPG).

The practice gathered feedback from staff through staff meetings. Staff we spoke with told us they regularly attended staff meetings. They said these provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. However, staff appraisals were not up to date.

Management lead through learning and improvement

The practice had some management systems in place which enabled learning and improved performance.

Although we could not verify some mandatory training staff said they felt they were supported in this area.

Are services well-led?

Requires improvement

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

The management team met weekly to discuss any significant incidents that had occurred. Reviews of significant events and other incidents had been completed and shared with staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. Risks were not effectively assessed, monitored and mitigated in relation to the health, safety and welfare of patients and staff. Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (a) (b)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not receive appropriate training that was role specific. The training which had been carried out could not be evidenced. Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing (2) (a)