

# Crawcrook Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 3 March 2016 we carried out an announced comprehensive inspection at Crawcrook Medical Centre which included an inspection of the branch surgery, known as Greenside Surgery. The overall rating for the practice was requires improvement, having being judged as requires improvement for Safe, Effective and Responsive. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Crawcrook Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) 2014 Staffing

This announced comprehensive inspection was carried out on the 20 July 2017 in order to review the action taken by the practice to be compliant with the regulations. Overall the practice is now rated as good.

- The practice had taken steps to address the concerns we had identified during our previous inspection in relation to the provision of safe, effective and responsive services.
- The provider had entered into a partnership arrangement with a not for profit healthcare support organisation who represent 31 local GP practices to aid and support improvement within the practice. Improvements had included employing additional clinical and non-clinical staff, reviewing the appointment system and the centralisation of some medicines management and back office functions.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- There was evidence of quality improvement and clinical audit activity leading to improvements in patient care and outcomes.

# Summary of findings

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through health promotion and signposting to relevant support services. The practice hosted counsellors from mental health and drug and alcohol support services on a weekly basis.
- Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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

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

- Continue to monitor and improve access to services and appointment availability.
- Assure themselves that clinical staff have undertaken appropriate training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty standards (DoLS).

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Following the previous inspection the provider had purchased a defibrillator for their branch surgery, Greenside Surgery. The branch surgery had subsequently closed in May 2017 and the defibrillator had been donated to Greenside Community Centre.

Staff recruitment and induction policies were in operation. All staff had undertaken Disclosure and Barring Service (DBS) checks.

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

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

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

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

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

Good



### Are services effective?

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

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

Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes had improved since our previous inspection. The practice had achieved 99.9% of the points available to them for 2015/16 (CCG average 96.9% and national average 95.4%) compared to 98.7% for 2014/15.

Good



# Summary of findings

The practice undertook quality improvement and clinical audit activities to improve outcomes for patients.

During the previous inspection we had found that not all of the nursing staff had been given the opportunity of an annual appraisal. During this inspection we found that this issue had been rectified and all clinical and non-clinical staff received an annual appraisal. In addition, the lead GP had implemented a weekly meeting with the nursing staff to review cases and discuss nurse training and development. All staff were given the opportunity to undertake both mandatory and non-mandatory training.

## Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

When we inspected in March 2016 results from the most recent National GP Patient Survey available at the time (January 2016) showed the practice had scored lower than local and national averages in respect of providing caring services. The most recent National GP Patient Survey (July 2017) showed improvement. For example, 89% of respondents said that their GP was good at listening to them (compared to the CCG average of 91% and national average of 89%) which was an improvement on the January 2016 result of 83%. Results also indicated that 90% of patients felt that the last GP they saw had been good at involving them in decisions about their care (CCG average 86%; national averages 82%) compared to the January 2016 result of 65%.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice was in the process of taking action to address the areas which required improvement during our previous inspection in March 2016 in relation to access and appointment availability. This had included the closure of the branch surgery, appointment of additional members of staff, review of the appointments system and devolving some back office and management medicines functions to a local not for profit healthcare support organisation. However, it was clear from the most recent National GP Patient Survey results that these changes still needed time to embed and demonstrate improvement. For example, the results of the National GP Patient Survey published in July 2017 showed that 54% of patients

Good



# Summary of findings

described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%. The result of the National GP patient survey published in January 2016 in relation to this question had been 69%.

The practice reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice provided a good range of services for patients and hosted counsellors from various support agencies on a weekly basis. Patients registered with the practice were able to access extended hours appointment at one of three local extended access facilities from 8am to 8pm weekdays and from 9am to 2pm on a Saturday and Sunday.

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

## Are services well-led?

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

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

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

There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice sought feedback from staff and patients, which it acted on.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had an allocated named GP and were offered immunisations against influenza, pneumonia and shingles. The practice maintained a palliative care register and end of life care plans were in place for those patients they were appropriate for. They regularly referred older patients to the local falls clinic and other support organisations such as the community rehabilitation for older people (CROP) team. They also worked with local health care navigators to ensure older people received coordinated care and treatment to enable them to stay in their own home or care home and avoid non-elective admission to hospital. The practice had adopted a weekly ward round approach to visiting and caring for patients resident in two local care homes and provided home visits for long term housebound patients.

Good



### People with long term conditions

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

Nationally reported Quality and Outcomes Framework (QOF) data (2015/16) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example,

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma compared to the CCG average of 97.9% and national average of 97.4%).
- They had obtained 100% in respect of hypertension (CCG average 99.1% and national average 97.3%)

Longer appointments and home visits were available when needed. A system was in place to ensure patients with long term conditions were recalled and offered a structured annual review to ensure their health and medicine needs were being met. Written care plans were in place for patients with chronic obstructive pulmonary disease and asthma. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

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

There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors. Appointments were available outside of school hours and the premises were suitable for children and babies. A number of appointments were blocked for emergency use throughout the day to accommodate young and school age children requiring an urgent appointment.

There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, the practice had obtained a score of 9.2 out of 10 for the delivery of childhood immunisations compared to the national average of 9.1 out of 10. However, they had scored slightly under the expected target of 90% for three of the four immunisation indicators which contribute to the overall score. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients could order repeat prescriptions and routine healthcare appointments online. Telephone and same day appointments were available. A text message reminder service was available.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. They also offered contraception services, sexual health screening, smoking cessation clinics and alcohol dependency identification and brief intervention.

The practice had temporarily withdrawn their extended opening hours to concentrate on improving access to appointments during core hours. It was envisaged that the extended hours provision would recommence in September 2017 when patients would be

Good





# Summary of findings

able to access extended hours appointments at two other local GP practices ran by CBC Health Ltd. However, patients registered with the practice were also able to access appointments with a GP at one of three local extended access care facilities from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a Saturday and Sunday.

## People whose circumstances may make them vulnerable

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

The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Where appropriate, patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

Patients with a learning disability were invited to attend an annual health check and were routinely offered longer appointments. A member of staff had been identified as a learning disability lead. The practice was registered with the safe place scheme. This scheme provides vulnerable people with a place to go for help and support in dealing with any incident that should occur whilst they are out in the community regardless of whether they are registered with the practice.

The practice was proactive in their identification of carers, including young carers. A member of staff acted as a carers champion whose role involved signposting carers to appropriate help and support services. The practice had identified 246 of their patients as being a carer. This represented approximately 3.4% of the practice patient population.

Good



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

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

Nationally reported Quality and Outcomes Framework (QOF) data (2015/16) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example,

Good



# Summary of findings

- The practice had obtained 100% of the points available to them for providing recommended care and treatment to patients with dementia (CCG average 95.6% and national average 96.6%)
- They had obtained 100% in relation to depression (CCG average 93.7% and CCG average 92.2%)

Staff had undertaken dementia awareness training and clinicians were proactively involved in dementia screening and identification.

The practice hosted counsellors from mental health support organisations and the local drug and alcohol services on a weekly basis and encouraged patients with mental health issues to access psychological wellbeing services.

# Summary of findings

## What people who use the service say

We spoke with seven patients on the day of our inspection which included two members of the practice patient participation group. They said they were satisfied with the care they received from the practice.

We reviewed 25 CQC comment cards completed by patients prior to the inspection which were mostly positive. Words commonly used words to describe the practice and staff included excellent, knowledgeable, professional, efficient and caring.

The latest GP Patient Survey published in July 2017 showed that scores from patients were generally below local and national averages in relation to access and overall satisfaction but were comparable to or above local and national averages in terms of care and treatment:

- 80% described their overall experience as being good (CCG average 87%; national average 85%). January 2016 score was 75%
- 60% of patients would recommend the surgery (CCG average 80%; national average 77%). January 2016 score was 65%
- 89% said the GP was good at listening to them (CCG average of 91%; national average of 89%). January 2016 score was 92%.

- 83% said the GP gave them enough time (CCG average 90%; national average of 86%). January 2016 score was 87%.
- 84% said the nurse was good at listening to them (CCG average 94%; national average of 91%). January 2016 score was 87%.
- 85% said the nurse gave them enough time compared (CCG average 95%; national average 92%). January 2016 score was 87%
- 54% said they found it easy to get through to this surgery by phone (CCG average 77%; national average 71%). January 2016 score was 59%.
- 54% described their experience of making an appointment as good (CCG average 74%; national average 73%). January 2016 score was 69%.
- 71% said they found the receptionists at this surgery helpful (CCG average 88%; national average 87%). January 2016 score was 79%.

These results were based on 104 surveys that were returned from a total of 225 that were issued. This represents a response rate of 46% and 1.4% of the overall practice population.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor and improve access to services and appointment availability.

- Assure themselves that clinical staff have undertaken appropriate training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty standards (DoLS).

# Crawcrook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector and a GP specialist advisor.

## Background to Crawcrook Medical Centre

Crawcrook Medical Practice is located in the Ryton area of Gateshead, Tyne and Wear and provides care and treatment to approximately 7,276 patients from Crawcrook, Greenside and the surrounding areas. The practice provides services from the following address which we visited during this inspection:

- Crawcrook Medical Centre, Pattinson Drive, Crawcrook, Ryton, Tyne and Wear, NE40 4US.

The practice did have a branch surgery, known as Greenside Surgery but this closed in May 2017 following a period of public consultation.

The practice is located in purpose built accommodation which opened in 2012. All reception and consultation rooms are fully accessible for patients with mobility issues. Dedicated parking spaces are available to the side and rear of the building and there is car park and on street parking available nearby.

The practice is open on a Monday to Friday from 8am to 6pm but practice doors are opened at 7.50am. Appointment times run from 8am to 5.30pm.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc.

The practice currently consists of:

- Three GP partners (two of whom do not carry out consultations)
- Two salaried GPs
- One Advanced Nurse Practitioner
- One Nurse Practitioner
- Two Practice Nurses
- One health care assistant
- One temporary health care assistant apprentice
- 14 non-clinical members of staff including a practice manager, reception supervisor, medical secretary, secretary, receptionists (including two apprentice receptionists) and finance assistant

The nurse practitioner and apprentice receptionists are not employed directly by the practice but by Community Based Care (CBC) Health Ltd. CBC Health Ltd is a not for profit healthcare support organisation who represent 31 GP practices across the Gateshead area and were working with the practice to aid improvement and development. A CBC Health Ltd practice manager has also been seconded to the practice to support this development. The two GP partners who do not carry out consultations are also employed by CBC Health Ltd and are involved in assisting with the development of governance arrangements.

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

The practice's age distribution profile showed fewer patients under the age of 40 than the national average and a higher number of patients in the over 40 age groups. Average life expectancy for the male practice population was 79 years and for the female population 83 which were both the same as the national averages.

57% of the practice population were recorded as having a long standing health condition (CCG average 55% and national average 53%) Higher percentages may result in an

# Detailed findings

increased demand for primary health services. 64% of the practice population were recorded as being in paid work or full time education (CCG average 60% and national average 63%).

## Why we carried out this inspection

We undertook a comprehensive inspection of Crawcrook Medical Centre on 3 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and responsive services and good for providing caring and well-led services. We asked the practice to provide us with an action plan to confirm how they were going to meet legal requirements. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Crawcrook Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up comprehensive inspection on 20 July 2017 to check that action had been taken to comply with legal requirements.

## How we carried out this inspection

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

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

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

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

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

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 July 2017.
- Spoke with staff and patients.
- Spoke with members of the practice patient participation group.
- Spoke with attached staff who worked closely with, but were not employed by the practice.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures

# Are services safe?

## Our findings

At our previous inspection on 3 March 2016, we rated the practice as requires improvement for this domain. This was because the practice did not have a defibrillator or oxygen at their branch surgery; not all staff, including those who carried out chaperone duties, had undertaken a Disclosure and Barring Services (DBS) check and the practice needed to review their policy regarding the replacement of disposable privacy curtains.

When we inspected in July 2017 we found that these issues had been addressed. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this. Significant events were analysed and reviewed at minuted significant event meetings where trends, themes and lessons learned were identified and disseminated. The practice recorded all significant events and incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. The practice had recorded 80 significant events during the period 1 April 2016 to 31 March 2017, 36 of which were internal significant events and we saw evidence that these had been dealt with appropriately.

The practice's ethos complied with the requirements of the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice had an effective system for reviewing and acting on safely alerts received, there was a log in place which was managed and ensured that the appropriate staff saw the alerts.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding. The practice was able to demonstrate that they were one of only six GP practices in the Gateshead area to have achieved 100% rate for responding to requests for reports for child protection conferences and reviews from Gateshead local authority.

- Notices advised patients that staff were available if required. However, at the inspection in March 2016 we found that although all staff who acted as a chaperone had received appropriate training not all had undertaken a DBS check. During the inspection in July 2017 we found that this issue had been addressed and all staff had undertaken a DBS check. The necessity for this had been embedded into a practice policy.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and effective infection control procedures were in place. During the inspection in March 2016 we found that the practice policy dictated that privacy curtains in consultation rooms should be changed on a yearly basis despite best practice guidance recommending that curtains should be cleaned or replaced every six months or sooner if visibly stained or dirty. The inspection in July 2017 revealed that the policy had now been amended to reflect best practice guidance and that the provider was adhering to this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing and handling). Blank prescription pads were stored securely.
- A pharmacist employed by the practice carried out regular medication reviews and audits and reviewed the practice's performance against prescribing incentives.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

## Are services safe?

had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff required to meet patient needs. In conjunction with CBC Health Ltd the practice had recently increased the number of both clinical and non-clinical staff. This had included the appointment of a nurse practitioner, a full time receptionist and two temporary apprentices. They were also in the process of appointing a salaried GP who was due to commence employment in September 2017. In addition, their relationship with the GP federation meant that they readily had access to locum GPs who were fully aware of local procedure, policies and initiatives.

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

When we inspected in March 2016 we found that staff had received basic life support training and there were emergency medicines available in the practice. However, although a defibrillator and oxygen were available at the main surgery these were not available at the branch surgery. Nor had there been a risk assessment in place detailing why this was not felt to be necessary. Following the inspection the provider had purchased and installed a defibrillator at the branch surgery. However, the branch surgery had subsequently closed following a period of public consultation. The defibrillator had therefore been donated to the local community centre.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for key members of staff and was reviewed and updated on a regular basis. The practice was able to demonstrate effective deployment of this plan during the cyber-attack on NHS computer systems in May 2017. They had been one of the few practices affected by the attack who, due to their partnership and working arrangement with CBC Health Ltd and using laptops with 3G technology purchased for home visit purposes, had been able to offer a full service and maintain full access to medical records. They had also been able to offer telephone support to other practices and community nursing staff affected by the attack which had included accessing medical records, appointment and home visit lists.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 3 March 2016, we rated the practice as requires improvement for providing effective services. This was because not all clinical staff had been given the opportunity of an appraisal. This concern had been addressed when we undertook this follow up inspection in July 2017 and the practice is now rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The implementation of these guidelines were discussed at regular clinical meetings.

### Management, monitoring and improving outcomes for people

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

The latest publicly available data for 2015/16 showed the practice had achieved 99.9% of the total number of points available to them. This was above the CCG average of 96.9% and national average of 95.4%. The QOF clinical exception rate was 9.6%, which was below the CCG average of 9.7% and national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice had obtained the maximum points available to them (100%) for 17 of the 19 clinical indicators including asthma, cancer, chronic obstructive pulmonary disease and hypertension. The exceptions were in relation to the treatment of diabetes and secondary prevention of coronary heart disease but the practice had still scored above local and national averages.

The practice carried out clinical audit and quality performance activity to improve patient outcomes. For example, the practice had carried a two cycle audit to ensure they were meeting the expected standard of 70% in ensuring patients diagnosed with atrial fibrillation were receiving treatment in line with NICE guidance and were being offered an appropriate anti-coagulant. The first cycle, completed in January 2017 identified that only 61% of patients were receiving the most appropriate treatment. The second cycle, carried out in April 2017 revealed that this had increased to 88%.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role.
- The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertake an assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list. Nursing staff were supported in seeking and attending professional development and training courses.
- When we inspected in March 2016 we found that the practice were in the process of appraising non-clinical staff members. However, nursing staff had reported that they had not had the opportunity of an appraisal for several years. During the July 2017 inspection we found that this issue had been addressed and all staff were being given the opportunity of an annual appraisal during which development and training needs were discussed and identified.

### Coordinating patient care and information sharing

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



# Are services effective?

## (for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital. Multi-disciplinary team (MDT) meetings took place on a regular basis during which care plans were reviewed and updated. Feedback from attached staff, who worked closely with but were not employed directly by the practice, was good.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act (MCA) 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. However, we did not see any evidence of clinical staff undertaking any specific training in relation to the MCA 2005 or Deprivation of Liberty standards (DoLS) other than some clinicians covering a module in relation to this as part of their annual safeguarding update provided by local Clinical Commissioning Group.

### Health promotion and prevention

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

At 48.9% the percentage of newly diagnosed cancer patients referred under the urgent two week wait referral pathway was comparable to the CCG average of 48.6% and national average of 49.2%. Attainment rates for breast, bowel and cervical cancer screening were higher than, or comparable with, local and national averages.

The practice had obtained an overall score of 9.2 out of 10 in relation to childhood immunisation rates compared to the national average of 9.1 out of ten. However, they had scored slightly below the expected target of 90% for three of the four sub indicators:

- 89.6% for the percentage of children aged 2 with pneumococcal conjugate booster vaccine.
- 89.6% for the percentage of children aged 2 with Haemophilus influenza type B and Meningitis C booster vaccine.
- 89.6% for the percentage of children aged 2 who had received the measles, mumps and rubella vaccine.

Patients had access to appropriate health assessments and checks. This included new patient and NHS health checks for patients aged between 40 and 74. The practice had invited 900 eligible patients for a health check in the last five years with an uptake rate of 3% (286 patients). A blood pressure, height and weight machine had been installed in the waiting area of the practice. Patients were able to submit a print out of the results for clinical review and follow up if appropriate.

Online services were available to book appointments and request repeat prescriptions. An appointment text message reminder system was also available. The practice produced a regular newsletter which gave patients information on a variety of topics such as staffing updates, ongoing changes and partnership with CBC Health Ltd.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We reviewed 25 CQC comment cards completed by patients prior to the inspection which were mostly positive. Words commonly used words to describe the practice and staff included excellent, knowledgeable, professional, efficient and caring. Only one of the cards containing negative comments was in relation to difficulties experienced in getting an appointment.

Results from the National GP Patient Survey in July 2017 showed patients were usually satisfied with how they were treated and that this was with compassion, dignity and respect. Scores in relation to satisfaction with doctor and nurse consultations were comparable with local and national averages. For example, of those who responded:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.

- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 71% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey showed scores in relation to involvement in planning and making decisions about their care and treatment were comparable to local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information regarding smoking cessation, cancer awareness and support for long term illness.

The practice pro-actively identified carers, including young carers and ensured they were offered influenza vaccinations and appropriate advice and support. A staff member had been identified as a carers champion and acted as a key contact for carers requesting information about health and support services. At the time of our

## Are services caring?

inspection the practice had identified 246 patients as being a carer. This represented approximately 3.4% of the practice patient population which was an increase of 78 patients (1.1%) since our previous inspection.

No specific arrangements were in place to support patients who had experienced bereavement. Practice staff told us that support needs were assessed on an individual basis and a referral would be made to the local care navigator if appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 3 March 2016, we rated the practice as requires improvement for providing responsive services. This was because National GP Patient Survey satisfaction scores in relation to access to services offered by the practice were below local and national averages. When we inspected in July 2017 we found that the practice had and were continuing to take action to improve and were therefore rated as being good for this domain.

### Responding to and meeting people's needs

The practice had good facilities and was well equipped to treat patients and meet their needs. They had recently closed their branch surgery to aid continuity of care, access to GP services and reception cover at the main surgery but had only done so after public consultation and ensuring patient needs could be met effectively and comprehensively once the branch surgery had closed.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- A data analysis exercise carried out on behalf of the practice in 2016 had revealed that their patient list size was expected to increase due to a number of family homes being built in the area and that the practice also had an aging population. The recommendations were that the practice would need to increase the number of appointments and home visits provided to meet future demand and that they would need to consider planning involving frailty teams.
- An effective long term condition review recall process was in operation.
- There were longer appointments available for anyone who needed them. Patients with a learning disability were routinely offered a longer appointment.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The practice had employed a pharmacist to ensure medication reviews and drug audits were carried out and to ensure adherence to prescribing protocols and optimisation schemes. As part of their partnership arrangement with a GP federation pharmacist from their pharmacy hub undertook the monitoring of the repeat prescribing of high risk drugs.

- All patient facilities were easily accessible to patient with a mobility issues. Translation services were available and the practice had a hearing loop.
- The practice offered online services to book appointments and order repeat prescriptions. An appointment text message reminder system was in operation.
- The practice provided care to a number of patients resident in two local nursing homes and offered a weekly ward round approach to visiting patients in the homes. This had been achieved by working in partnership with another GP practice ran by CBC Health Ltd which enabled a GP from that practice to act as a link GP for one of the care homes.
- The practice worked with a health care navigator to ensure older people received targeted and coordinated care and treatment to enable them to stay in their own home or care home rather than be admitted to hospital.
- The practice offered dementia screening and identification and staff had undertaken dementia awareness training. A member of the practice patient participation group had been involved in hosting a dementia awareness day at the practice.

### Access to the service

The practice was open from 8am to 6pm on a Monday to Friday with appointments running from 8am until 5.30pm. The practice doors were opened at 7.50am so patients attending an 8am appointment did not have to wait outside. A number of appointments were blocked for emergency use throughout the day to accommodate young and school age children requiring an urgent appointment. The practice had previously offered extended opening hours from 7.30am on a Tuesday and Friday and until 7pm on a Tuesday and Wednesday. However, they had taken the decision to remove this provision temporarily to concentrate on improving access to appointments during core hours following our previous inspection. They envisaged that they would relaunch this service in September 2017 when patients would be able to access extended hours appointments at two other local GP practices ran by CBC Health Ltd. In addition to accessing appointment at the practice patients registered with the practice were also able to access appointments with a GP at one of three extended access care facilities in the local area from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a Saturday and Sunday.

# Are services responsive to people's needs?

## (for example, to feedback?)

During our previous inspection in March 2016 we had identified that the practice scores in relation to access in the NHS National GP Patient Survey were lower than local and national averages. A routine pre bookable appointment with a GP had not been available for a period of four weeks.

Results from the National GP Patient Survey published in July 2017 showed that patient satisfaction with how they could access care and treatment was lower than local and national averages and had deteriorated since the last inspection. For example;

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%. January 2016 score was 75%.
- 54% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 77% and the national average of 71%. January 2016 score was 59%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national averages of 84%. January 2016 was 79%.
- 75% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%. January 2016 was 90%.
- 54% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%. January 2016 score was 69%.

However, only one of the 25 CQC comment cards completed prior to the inspection said that it was difficult to obtain an appointment with a GP.

CBC Heath Ltd had carried out their own surveys of the practice in April 2017 and June 2017. The 35 responses received to the June 2017 survey showed that:

- Patient satisfaction had improved for 17 of the 22 questions asked. This included overall satisfaction with the practice, opportunity of being able to speak to a doctor or nurse on the telephone when necessary, convenience of appointment and speed at which telephone was answered.

- Patient satisfaction had decreased for two of the questions in relation to test results being available when a patient made contact and length of time patients had to wait to get an appointment
- Patient satisfaction had remained the same for three of the questions which were in relation to level of satisfaction with the amount of information provided by reception staff, length of time waiting to see a doctor or nurse and with being able to see a GP or nurse of choice.

An action plan had been developed in response to the survey carried out in April 2017 to aid improvement and had since been achieved. This had included:

- A diagnostic review of telecommunications contact
- Increased telephone access
- Telephone lines no longer being switched off during lunch time
- Quality signposting training for reception staff to help them identify whether an appointment with a GP, nurse practitioner, practice nurse or healthcare assistant was the most appropriate course of action.
- Review of the appointment system following the closure of the branch surgery.

Practice staff reported that they felt that being able to get through to the surgery by phone and appointment availability had improved as a result and that future surveys would reflect this. The practice intended to repeat the survey on a quarterly basis to monitor patient opinion.

We looked at the practice's appointments system in real-time during this inspection and found that routine appointments with a GP and a nurse were available the following day. An urgent appointment with the GP was available the same day.

### Listening and learning from concerns and complaints

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

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

The practice had recorded 17 complaints during the period 1 April 2016 to 31 March 2017 which had been investigate

and responded to appropriately. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice vision was to work in partnership with their patients and staff to provide the best primary care services possible within local and national governance, guidance and regulations. They had developed a mission statement which was 'Crawcrook Medical Centre is committed to delivering the best possible healthcare in a safe and caring environment for all its patients'. Staff we spoke with demonstrated that they were aware of and shared these values.

Following our previous inspection in March 2016 the provider had sought support and advice from relevant organisations such as NHS England (NHSE), the Local Medical Council (LMC) and Newcastle Gateshead Clinical Commissioning Group (CCG). They had also entered into a partnership arrangement with a not for profit healthcare support organisation who represented 31 local GP practices (CBC Health Ltd) to aid and support improvement. This had resulted in the practice securing the services of additional clinical and non-clinical staff and also the centralisation of some back office functions, such as the majority of long term condition review recalls, and medicines management.

The practice had a five year business development plan in place. This covered topics such as staffing, premises, patient services, information technology and management and an action plan had been developed to monitor progress.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were leads for areas such as safeguarding and long term conditions.
- Practice specific policies were implemented and were available to all staff.
- The staff including the GPs and practice manager had an understanding of the performance of the practice. There was evidence of quality improvement and clinical audit activity leading to improvements in patient care.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which included learning from complaints and significant events.
- At the time of our inspection the provider was in the process of changing their partnership registration with the CQC.

### Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff, including attached staff not employed directly by the provider, told us that they were approachable and receptive to requests for advice or information.

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a clear leadership structure in place and staff felt supported by management.
- The practice had a schedule of regular meetings which included fortnightly clinical meetings and quarterly whole staff team and multi-disciplinary team meetings. The lead GP also held a weekly clinical meeting with the nursing staff to discuss any concerns and review training and development needs.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did. Staff said that they felt the practice was improving constantly and that new staffing and appointment arrangements were having a positive effect.
- Staff said they felt respected, valued and supported.

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

# Are services well-led?

Good 

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

The practice had gathered feedback from patients through their patient participation group (PPG), surveys and complaints received. Action plans were developed to aid improvement in response to surveys.

The practice had a well-established patient participation group which consisted of seven core members who met every eight weeks. Patient participation group members who we spoke with stated that they were committed to ensuring patient views and perspective were considered and in developing an open and transparent relationship with practice staff. Their involvement had included canvassing patient opinion regarding the closure of the branch surgery and reviewing patient survey results.

## Continuous improvement

The practice had focused on areas that had been highlighted as requiring improvement at their last inspection and we saw that significant progress had been made.

We saw that the provider has satisfied the requirements to ensure they were now providing safe and effective services. This had been achieved by:

- Purchasing a defibrillator for the branch surgery. The branch surgery had subsequently closed and the defibrillator had been donated to the local community centre.
- Ensuring all staff undertake a Disclosure and Barring Service (DBS) check

- Reviewing their policy in relation to the cleaning/disposal of privacy curtains
- The introduction of an effective appraisal system for all staff.

We also saw evidence that they had sought advice and support in addressing issues identified in relation to access, appointment availability and the delivery of a responsive service. This had included:

- The provider entering into a partnership arrangement with a local GP federation
- Increased staffing (clinical and non-clinical)
- Centralisation of some back office functions, including long term condition recall management.
- Improved telephone access including the provision of additional phone lines and lunch hour opening.
- Improved access to appointments, including telephone appointments.
- The devolvement of some medicines management related functions, such as the monitoring of the repeat prescribing of high risk drugs, to the GP federation pharmacy hub.

However, it was clear from the most recent National GP Patient Survey data in relation to access that the new arrangements still needed time to embed and demonstrate improvement. We were assured by the provider's intention to continually monitor access and appointment availability and to carry out their own patient surveys in relation to this.