

Dr Nithyanandam Muthu Krishnan

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

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 Dr Nithyanandam Muthu Krishnan's practice on 23 March 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, clinical staff undertook their own learning to keep up to date; there were no formal systems in place to ensure a consistent approach throughout the practice.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed with the exception of those relating to medicines management and infection control.

- The outcomes of patients' care and treatment was not monitored regularly. Some clinical audits had been undertaken; there was little evidence the audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Staff did not always have the complete information they needed. We found a number of written patient records were held in the GP's consultation room, separate from other patient records.
- Staff throughout the practice worked well together as a team.

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

Importantly, the provider must:

Summary of findings

- Ensure appropriate arrangements are in place for the proper and safe management of medicines; including ensuring all medicines are in date and fit for purpose, monitoring the temperatures of the refrigerators used to store vaccines and ensuring appropriate supplies of emergency medicines held within the practice and when carrying out home visits.
- Ensure equipment, including needles and syringes, is suitable for use; and within expiry dates.
- Ensure that there are formal governance arrangements in place, including developing the clinical audit programme and ensuring clinical audit cycles are completed. Take action to develop a succession plan to ensure the practice could continue to provide services to patients in the future if staffing arrangements changed. Staff did not

always have the complete information they needed. We found a number of written patient records were held in the GP's consultation room, separate from other patient records.

In addition, the provider should:

- Take action to ensure staff have appropriate training to carry out their roles in a safe and effective manner.
- Maintain appropriate standards of cleanliness and hygiene; some of the chairs in the consultation rooms were heavily stained.
- Review the arrangements to enable patients to summon support to access the premises.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

The practice had some systems, processes and practices in place to keep people safe, but these were not always effective. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

However, appropriate standards of cleanliness and hygiene were not maintained. We found that the chairs in the consultation rooms were covered in a fabric material and were heavily stained. Staff told us this was due to bleach in the cleaning products.

The practice's systems and processes for managing medicines were not fully satisfactory. We found a vaccine, some medicines and many syringes and needles were out of date. The practice held a limited supply of emergency drugs. These were not in line with national guidance and no risk assessment had been carried out to determine which items should have been stocked. The GP did not carry any emergency drugs when carrying out home visits. The arrangements for monitoring refrigerator temperatures were not fully satisfactory. The practice did not have a defibrillator available; however, during the inspection an order was placed.

Requires improvement



Are services effective?

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

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96.2% of the points available. This was above the national average of 94.7%.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical staff carried out their own learning to ensure they kept up to date on new guidelines. There were no formal systems in place to ensure a consistent approach throughout the practice.

Requires improvement



Summary of findings

The outcomes of patients' care and treatment was not always monitored regularly. Clinical audits were not routinely carried out to improve care, treatment and people's outcomes and participation in local audits and benchmarking was limited.

Staff had received some training appropriate to their roles, but some staff had not attended fire safety or information governance training sessions. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area.

Staff did not always have the complete information they needed. We found a number of written patient records were held in the GP's consultation room, separate from other patient records.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the practice was well above average for its satisfaction scores on consultations with the nurse but the scores for the doctor were below average. Results showed that 87% of respondents had confidence and trust in their GP, compared to 96% nationally. Some 78% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 88%. However, 100% said the nurse was good at treating them with care and concern compared to the national average of 91% and 100% said they had confidence and trust in the last nurse they saw (which was above the national average of 98%).

Two primary care navigators and a well-being health co-ordinator provided support for patients at the practice. These initiatives were at an early stage but staff told us a number of patients had already accessed support. The GP visited all new born babies and their families shortly after the birth. Staff told us that patients appreciated this and feedback from the local midwife had been positive.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 98% (compared to 85% nationally locally) of respondents were able to get an appointment or speak to someone when necessary. Over 88% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 79% respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (96% of patients said this was easy or very easy, compared to the national average of 73% and a CCG average of 78%).

Are services well-led?

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

The vision and values of the practice were not well developed. There was no future strategy or supporting business plan in place. The GP was a sole provider and there were no succession plans in place to maintain the service in the event of them retiring. Staff told us they were concerned that there was no 'plan B'.

Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was little evidence of innovation or service development.

Requires improvement



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 requires improvement for the care of older people. The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

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 slightly above the England average of 97.9%.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was above the national average of 97.4%.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were below local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63.6% to 100% (compared to the clinical commissioning group (CCG) averages of between 81.3% and 97%) and to five year olds from 85.7% to 100% (compared to the CCG averages of between 89.8% and 97.9%). However, there were very few children eligible for the vaccines which made any variances more prominent.

The practice's uptake for the cervical screening programme was 79.6%, which was slightly below the CCG average of 81.2% and the national average of 81.8%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the

Requires improvement



Summary of findings

services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Saturday mornings between 9am and 10am for working patients who could not attend during normal opening hours.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

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

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health

Requires improvement



Summary of findings

including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2014/15) showed the practice had not always achieved good outcomes in relation to patients experiencing poor mental health. Performance for mental health related indicators was above the national average (96.6% compared to 92.8% nationally). However, performance for depression related indicators was below the national average (61.9% compared to 92.3% nationally). For example, the percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 66.7%, compared to the national average of 84.5%. The practice told us this was due to low number of patients diagnosed with depression, which meant any who had not attended reviews resulted in large variations.

Summary of findings

What people who use the service say

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

We reviewed 44 CQC comment cards which had been completed by patients prior to our inspection.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were satisfied with the appointments system.

The National GP Patient Survey results published in January 2016 showed the practice was performing well above local and national averages in most areas. There were 114 responses (from 287 sent out); a response rate of 40%. This represented 7.2% of the practice's patient list.

- 89% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 87% and a national average of 85%.
- 96% found it easy to get through to this surgery by phone, compared with a CCG average of 78% and a national average of 73%.
- 98% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG and national average of 85%.

- 100% said the last appointment they got was convenient, compared with a CCG and national average of 92%.
- 100% described their experience of making an appointment as good, compared with a CCG average of 75% and a national average of 73%.
- 95% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 68% and a national average of 65%.
- 91% felt they don't normally have to wait too long to be seen, compared with a CCG average of 61% and a national average of 58%.

The practice scored well above average on consultations with nurses and in relation to reception staff, but below average for doctors. For example:

- 87% said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and the national average of 95%.
- 78% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 100% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.
- 99% patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

Areas for improvement

Action the service MUST take to improve

Ensure appropriate arrangements are in place for the proper and safe management of medicines; including ensuring all medicines are in date and fit for purpose, monitoring the temperatures of the refrigerators used to store vaccines and ensuring appropriate supplies of emergency medicines held within the practice and when carrying out home visits.

Ensure equipment, including needles and syringes, is suitable for use; and within expiry dates.

Ensure that there are formal governance arrangements in place, including developing the clinical audit programme and ensuring clinical audit cycles are completed. Take action to develop a succession plan to ensure the practice could continue to provide services to patients in the future if staffing arrangements changed. Staff did not

Summary of findings

always have the complete information they needed. We found a number of written patient records were held in the GP's consultation room, separate from other patient records.

Action the service SHOULD take to improve

Take action to ensure staff have appropriate training to carry out their roles in a safe and effective manner.

Maintain appropriate standards of cleanliness and hygiene; some of the chairs in the consultation rooms were heavily stained.

Review the arrangements to enable patients to summon support to access the premises.

Dr Nithyanandam Muthu Krishnan

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a CQC pharmacy inspector.

Background to Dr Nithyanandam Muthu Krishnan

Dr Nithyanandam Muthu Krishnan is registered with the Care Quality Commission to provide primary care services. The practice is located in the Dunston area of Gateshead, Tyne and Wear.

The practice provides services to around 1,600 patients from one location: 108 Rawling Road, Bensham, Gateshead, Tyne and Wear, NE8 4QR. We visited this address as part of the inspection. The practice is a single handed GP practice with one male GP. There is also one practice nurse (female), a practice manager, and three staff who carry out reception and administrative duties (one is also a healthcare assistant).

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (19.9% compared to the national average of 17.1%). Information taken from Public Health England

placed the area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a converted single storey building. All patient facilities are on the ground floor. There is no dedicated car parking at the site however; there is parking in the streets surrounding the surgery. There is a disabled WC and step-free access.

Opening hours are between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays, between 9am and 3pm on Wednesdays and between 9am and 10am every Saturday. Patients can book appointments in person, on-line or by telephone. Appointments are available at the following times:

- Monday - 8.30am to 10.30am; then from 4pm to 6pm
- Tuesday – 8.30am to 10.30am; then from 4pm to 6pm
- Wednesday – 9.00am to 10.30am; then from 12.30pm to 2pm
- Thursday – 8.30am to 10.30am; then from 4pm to 6pm
- Friday – 8.30am to 10.30am; then from 4pm to 6pm
- Saturday – 9am to 10am

The GP is available each day until 6pm, and is on call on Wednesday afternoons when the practice itself is closed.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as Gat Doc.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We carried out an announced visit on 23 March 2016. We spoke with five patients and five members of staff from the practice. We spoke with and interviewed the GP, the practice nurse, the practice manager, and two staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 44 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the confidentiality policy was reviewed and staff received further training and guidance.

Managers were aware of the requirements of the Duty of Candour. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for dealing with safety alerts with the practice manager and the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the practice manager to the GP. The GP then decided what action should be taken to ensure continuing patient safety, and mitigate risks. The alerts were passed on to relevant staff and discussed at the practice meetings.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, but these were not always effective:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP had received training in children's safeguarding but the practice was unable to confirm which level had been attained. National guidelines state that the lead GP should be trained to level three.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were not maintained. We observed the premises to be clean and tidy. The practice nurse was the named infection control clinical lead; however, they did not have a clearly defined role and had only completed basic infection control training. This was not sufficient to allow them to effectively carry out their leadership role. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found that the chairs in the consultation rooms were covered in a fabric material and were heavily stained. Staff told us this was due to bleach in the cleaning products.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Medicines management

The practice's systems and processes for managing medicines were not fully satisfactory.

We found medicines were securely stored, including emergency drugs and vaccines. However, we found a vaccine, some medicines and many syringes and needles which were out of date.

Are services safe?

Some medicines (vaccines) needed to be stored in a refrigerator. Staff confirmed that the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the temperature recordings, showing the minimum and maximum temperatures were 2 degrees centigrade and 8 degrees centigrade every day. Staff told us the thermometer had not been reset properly and therefore always displayed the same minimum and maximum temperatures. We looked at the actual temperatures recorded at each check; these were all within the appropriate range.

The practice held a limited supply of emergency drugs. These were not in line with national guidance and no risk assessment had been carried out to determine which items should have been stocked. The GP did not carry any emergency drugs when carrying out home visits.

Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored. A system to monitor their use had recently been implemented. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice nurse had signed the PGDs but the GP had not authorised them. This was rectified during the inspection.

The arrangements in place for handling repeat prescriptions were unclear. We looked at a sample of prescriptions; these would usually contain advice on the tear off slip for patients to show which medicines they had been prescribed and if any reviews were due. In all cases the slips were blank; this meant that when patients handed their prescriptions in to a pharmacy they were not left with any information about their medicines. Staff told us this was due to a software problem, but were able to resolve the issue during the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Locum GPs provided clinical cover when the lead GP was on annual leave.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice did not have a defibrillator available, however, during the inspection an order was placed. There was oxygen on the premises with adult and children's masks. There was also a first aid kit and accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- Clinical staff carried out their own learning to ensure they kept up to date with new guidelines. There were no formal systems in place to ensure a consistent approach throughout the practice.

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 from 2014/15 showed the practice had achieved 96.2% of the total number of points available, which was above the England average of 94.7%.

At 5.1%, the clinical exception reporting rate was below the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The data showed mixed results across the clinical domains:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 84.3%, compared to the national average of 75.3%.
- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, the percentage of

patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which had been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register was 100%, compared to the national average of 95.3%.

- Performance for mental health related indicators was above the national average (96.6% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 91.7%, compared to the national average of 89.5%.
- Performance for cancer related indicators was below the national average (79.5% compared to 97.9% nationally). For example, the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was 75%, compared to the national average of 94.7%. The practice provided data which showed an improvement in the performance for the year April 2015 to March 2016. For example, all patients diagnosed with cancer had received a review.
- Performance for depression related indicators was below the national average (61.9% compared to 92.3% nationally). For example, the percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 66.7%, compared to the national average of 84.5%. The practice told us this was due to low number of patients diagnosed with depression, which meant any who had not attended reviews resulted in large variations.

The outcomes of patients' care and treatment was not always monitored regularly. Clinical audits were not routinely carried out to improve care, treatment and people's outcomes and participation in local audits and benchmarking was limited. We saw a number of medicines audits had been carried out by the CCG pharmacist. The CCG had also requested the GP carry out an audit on medicines prescribed to patients in care homes. We saw a two cycle audit had been carried out; this had resulted in improvements, in that the GP actively reviewed those patients' medications and adjusted where necessary to ensure safe prescribing. However, the practice did not have any arrangements in place to identify which topics to audit.

Are services effective?

(for example, treatment is effective)

The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, but some training was incomplete.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of the doctor. All staff, with the exception of the practice manager, had had an appraisal within the last 12 months. The practice manager was relatively new in post but said an appraisal was planned by the end of their first year in the role.
- Staff received some training that included basic life support and infection control. However, not all staff had attended training on information governance and fire safety. The practice manager told us that as the practice only had a small number of staff they were trying to arrange training in conjunction with other local practices. All staff had attended training on safeguarding children and vulnerable adults. However, it was not clear whether the GP had completed the appropriate level of children's safeguarding (level three).

Coordinating patient care and information sharing

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

risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff did not always have the complete information they needed. We found a number of written patient records were held in the GP's consultation room, separate from other patient records. The GP told us they belonged to patients who were themselves health professionals. The GP said they did not feel it was appropriate that the records were accessible by all staff. All staff were able to access those records on the electronic patient record system, but not the paper records.

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Although clinical staff had not received any formal training, the staff we spoke with understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

The practice had a screening programme. The practice's uptake for the cervical screening programme was 79.6%, which was slightly below the CCG average of 81.2% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Some of childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63.6% to 100% (compared to the

CCG averages of between 81.3% and 97%) and to five year olds from 85.7% to 100% (compared to the CCG averages of between 89.8% and 97.9%). However, there were very few children eligible for the vaccines which made any variances more prominent.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The vast majority of the 44 patient CQC comment cards we received were positive about the service experienced. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with five patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice scores were much higher than average on consultations with the nurse and in relation to reception staff, but below average for the doctor. For example:

- 87% said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and the national average of 95%.
- 78% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 100% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.

- 99% patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for the doctor were below local and national averages but were well above average for nurse. For example:

- 81% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 86% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 82% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and the national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and the national average of 82%.
- 98% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.
- 100% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 99% said the nurse involved them in decisions about their care, compared to the CCG average of 87% and the national average of 85%.

No analysis of the patient survey results had been carried out, however staff felt that the National Patient Survey highlighted that patients were satisfied with how they could access the service but some patients were not as satisfied with the GP.

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about counselling services, mental health services, carers support groups and local craft and men's social groups.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; 25 patients (1.6% of the practice list) had been identified as carers. They were offered health checks and referred for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Two primary care navigators and a well-being health co-ordinator provided support for patients at the practice. These staff worked across four local practices and provided

drop in sessions and/or telephone calls each week to help patients to claim any benefits they were entitled to and informed them of any local clubs and activities they may have been interested in. These initiatives were at an early stage but staff told us a number of patients had already accessed support.

Staff told us that when patients moved out of the practice boundary they were not removed from the patient list. This was confirmed by some of the patients we spoke with; they told us they would prefer to travel to Gateshead to see the GP as they had very good access. The GP also carried out home visits to those patients who lived out of the area.

The GP visited all new born babies and their families shortly after the birth. Staff told us that patients appreciated this and feedback from the local midwife had been positive.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was open every Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Telephone consultations were available with the GP each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Appointments with the GP could be booked online, in person, on the telephone.
- The site had level access, with facilities provided on the ground floor. However, the doors to the practice were narrow and not suitable for patients in wheelchairs. There was no doorbell or alternative way for patients to summon support to access the premises.
- The practice did not employ a female GP; patients were advised of this when they registered with the practice. Arrangements had been made for patients to attend another local practice if they wished to have a consultation with a female GP.

Access to the service

The practice was open between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays, between 9am and 3pm on Wednesdays and between 9am and 10am every Saturday morning.

Appointments were available at the following times:

- Monday - 8.30am to 10.30am; then from 4pm to 6pm
- Tuesday - 8.30am to 10.30am; then from 4pm to 6pm
- Wednesday - 9.00am to 10.30am; then from 12.30pm to 2pm
- Thursday - 8.30am to 10.30am; then from 4pm to 6pm
- Friday - 8.30am to 10.30am; then from 4pm to 6pm
- Saturday - 9am to 10am

The GP was available each day until 6pm, and was on call on Wednesday afternoons when the practice itself was closed.

Extended hours surgeries were offered every Saturday morning. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was well above local and national averages. Patients we spoke with on the day of the inspection were able to get appointments when they needed them. For example:

- 88% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 78% and the national average of 73%.
- 100% of patients described their experience of making an appointment as good, compared to the CCG average of 75% and the national average of 73%.
- 95% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 68% and the national average of 65%.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a concern was raised about patient

confidentiality. The patient received an apology and additional measures were put into place; staff were reminded to review their understanding of the confidentiality policy.

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 had a mission statement which was displayed in the waiting room. This was 'to provide the highest quality health care with a team focussing not only on illness management but also on health promotion and disease prevention'. Staff knew and understood the aims of the practice.

The vision and values of the practice were not well developed. There was no future strategy or supporting business plan in place. The GP was a sole provider and there were no succession plans in place to maintain the service in the event of them retiring. Staff told us they were concerned that there was no 'plan B'.

Governance arrangements

The practice had an overarching governance framework in place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had an understanding of the performance of the practice.
- Some clinical audits had been carried out but there was no programme of continuous clinical audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP had the experience to run the practice. They prioritised safe, high quality and compassionate care. The GP was visible in the practice. Staff told us that they were approachable and always took the time to listen.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported.

However, we found a number of written patient records were held in the GP's consultation room, separate from other patient records. The GP told us they belonged to patients who were themselves health professionals. The GP said they did not feel it was appropriate that the records were accessible by all staff.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through surveys and complaints received. A patient participation group had recently been formed, six patients had joined the group; an initial meeting had been held to agree how the group would operate.

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

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The practice did not effectively and safely manage medicines.</p> <p>Some medicines were out of date and not fit for purpose. The practice did not have appropriate supplies of emergency medicines within the practice and for carrying out home visits. Temperatures of the refrigerators used to store vaccines were not appropriately monitored. Some equipment, including needles and syringes was out of date and not fit for purpose.</p> <p>Regulation 12 (2)(e),(g).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: Systems and processes were not fully established or operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>There was no formal clinical audit programme in place. There was no succession plan to ensure the practice could continue to provide services to patients in the future if staffing arrangements changed. Staff did not always have the complete information they needed to carry out their roles effectively.</p> <p>Regulation 17 (1)(2)(a),(b).</p>