

# Belford Medical Practice

## Quality Report

### Croft Field

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Belford Medical Practice on 7 October 2014. We inspected the main surgery at Croft Field, Belford, and Northumberland but did not visit the branch surgery at Seahouses Health Centre, James Street Seahouses.

We rated the practice overall as good.

Our key findings were as follows:

- The practice provided services to a large geographical and rural area, the services had been designed to meet the needs of the local population
- Feedback from patients was overwhelmingly positive, they told us staff treated them with respect and kindness.
- Staff reported feeling supported and able to voice any concerns or make suggestions for improvement.

We saw several areas of outstanding practice including:

- A patient centred approach to delivering care and treatment. All were aware of and sympathetic to, the particular difficulties faced by the local population. The practice had taken action to bring additional services to patients to help address some of those issues.
- The practice had a good governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- The practice actively sought the opinions of staff and patients, actively working with a well-established patient participation group (PPG).

**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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe. The practice should review the storage and improve the security of patient identifiable information is addressed.

Good



### Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance is referenced and used routinely. People's needs were assessed and care planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff received training appropriate to their roles and further training needs were identified and planned. The staff received annual appraisals and the personal development plans were developed for all staff. We saw evidence of good multidisciplinary working.

Good



### Are services caring?

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

Good



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

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP, and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints process with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver their objectives. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

Good



# Summary of findings

## What people who use the service say

We received 37 completed CQC comment cards from patients and spoke with six patients who were using the service on the day of inspection. We spoke with a range of patients from different age groups and health needs. We also spoke with two members of the patient participation group. The patients were extremely complimentary about the service. They told us they found the staff to be caring, supportive, and responsive and provided them with a consistently high level of care.

We saw that a patient survey had been completed in the practice in 2013. The responses to the questionnaire were all positive. The percentage of patients rating their ability to get through to the practice on the phone as very easy was 97.3%, and 98.4% rated the experience of making the appointment as good to very good. The percentage of patients rating their practice as good or very good was

96%, and 93.7 % stated they would recommend their GP surgery. Patients we spoke with commented that they felt supported, listened to by staff and not rushed during their consultation time with the GP or nurse.

The practice had established a positive and proactive (PPG). The group was established in 2005 and held regular meetings. The PPG had been responsible for a range of initiatives and changes, for example patient surveys, suggested changes to the Practice brochure and had commented on policies such as the 'Did Not Attend Policy' in the practice.

We found that the practice valued the views of patients and saw that following feedback from surveys and the patient participation group, changes were made in the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The practice should review the storage and improve the security of patient identifiable information.

There were no risk assessments completed in regard to access to the dispensary out of hours.

# Belford Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector. The team included a GP and another CQC inspector.

## Background to Belford Medical Practice

The Belford Medical practice is situated in Belford, and provides primary medical care services, including access to GPs, minor surgery, family planning, and ante and post natal care, to patients living in Belford, Seahouses and the surrounding areas. The practice covers an area of 200 square miles providing services to 4475 patients of all ages. There is a branch surgery at Seahouses which operates four days a week, closing on Wednesdays.

The practice is a teaching, research and dispensing practice. They are involved in the training of qualified doctors who wish to gain experience in General Practice, and final year medical students as part of their undergraduate training.

The practice is located in a single storey building and has a number of parking spaces on site, including disabled spaces near the main entrance. There are disabled toilets and baby changing facilities available.

The practice does not provide out of hours services for their patients and information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website. When the practice is closed patients access 111 and for medical emergencies they contact 999.

The practice has 3 GP partners, one female and two male.

They are supported by a salaried GP and a nurse practitioner. There are two practice nurses and the practice is also supported by district nursing, health visitors and a community matron.

The surgery is open 8.30 am - 6.00 pm Monday to Friday, with extended hours on a Tuesday evening, and a Saturday morning clinic once a month. Appointments can be booked in advance for the doctors and for the nurse clinics; detailed information is available on the web site and practice brochure. Patients can book appointments face to face, by the telephone or online. The practice treats patients of all ages and provides a range of medical services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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

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.

# Detailed findings

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient'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
- Mothers, babies, children and young people

- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 7 October 2014.

During our visit we spoke with a range of staff including three GPs, a nurse practitioner, a district nurse, a health visitor, the practice manager, four dispensary staff, and three administration staff. We also spoke with six patients and two members of the PPG registered with the practice. We observed staff interactions in the reception area. We also reviewed 37 CQC comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, and national patient safety alerts, as well as comments and complaints received from patients. The practice had a nominated safety officer whose role was to monitor and maintain safety inside and outside of the practice. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example we saw that the practice were planning for the winter, providing safe access to the practice for patients and staff, ensuring there was an adequate supply of salt and grit available from October.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. This showed the practice had managed and maintained safety in the practice.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last two years and these were made available to us. At the monthly meetings we saw a review of actions relating to risk management, compliments and complaints. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Staff including administration, dispensary and clinical staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

The practice used the practice internet system to report incidents, and they regularly reviewed risks, and risk management within the practice. We reviewed five SEAs undertaken in 2013/14 and saw records were completed in a comprehensive and timely manner and a complete review cycle had been completed.

National patient safety alerts were disseminated by the internet to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at the monthly 'closed shop' which is the name

given to the monthly practice meeting. This ensured all were aware and what action needed to be taken. We saw reminders to staff in the monthly meeting minutes of changes that had been made.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff confirmed they received training and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details for these were easily accessible. The practice also had a health visitor based in the practice who provided advice to staff in relation to the safeguarding of children and families.

The practice had a dedicated GP appointed as lead in safeguarding of vulnerable adults and children who could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern. In the practice minutes we saw reference to the GP toolkit for child protection, which was available on the GP Team Net to staff and details stating that child protection would be included as part of induction for new staff.

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

A chaperone policy was in place and visible on the waiting room noticeboard. Chaperone training had been undertaken by all nursing staff. This duty was usually undertaken by the nursing staff in the practice. If nursing staff were not available to act as a chaperone the receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.



## Are services safe?

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system known as 'Vision' which collated all communications about the patient including scanned copies of communications from hospitals. We saw that hard copies of patient's notes were not kept safely in a lockable cupboard. We saw three incidences where the correct storage of patients' notes was not adhered to. Patients notes were stored in an unlocked cupboard behind the reception area, access to the area was restricted to staff during practice opening times. We also saw patient's notes were stored in the staff 'common' room on open shelves which was unlocked. In an unoccupied treatment room we also found several sets of patient identifiable records stored. Access to some of these room was not restricted which meant unauthorised personnel may gain access and there was no risk assessment to look at access to these area out of hours.

The practice was able to identify families, children, and young people living at risk or in disadvantaged circumstances, and looked after children (under care of Local Authority). National data showed the practice had a low level of deprivation in the area. The health visitor and clinical staff confirmed they were able to identify and follow up children, young people and families. There were systems in place for identifying children and young people with a high number of A&E attendances. Child protection case conferences and reviews were attended by staff where appropriate. We were told that children who persistently fail to attend appointments for childhood immunisations were followed up and discussed with the parents to understand the circumstances and reasons for this.

We saw that as the practice was small and virtually all the staff long serving, that staff had a good knowledge of older people, families, children and young people, vulnerable people and the support they may require. The practice had processes in place to identify and regularly review patients' conditions and medication. There were processes to ensure requests for repeat prescribing were monitored by the GP's.

### Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators, and found they were stored securely and only accessible to authorised staff. There was a clear

policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff and staff knew what action to take in the event of a potential power failure.

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

We saw records of medicines optimisation meetings that noted the actions taken in response to review of prescribing data and changes in prescribing. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice. We saw the practice had recently reviewed patients receiving anti-psychotic medication in the practice and was now improving safe prescribing for this patient group.

The practice had appointed a dispensing and medicines optimisation manager who regularly monitored and reviewed prescribing and the safe handling of medicines in the practice. We saw that regular meetings were held where prescribing, safety and medication audits were discussed. The GPs confirmed that the medicines optimisation manager continually monitored their prescribing and highlighted improvements.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice.

The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

## Are services safe?

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

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

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

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. For those prescriptions not signed before they were dispensed they were able to demonstrate these were risk assessed and a process was followed to minimise risk. We observed this process was working in the practice. The practice had a system in place to assess the quality and safety of the dispensing process.

We saw records showing all members of staff involved in the dispensing process had received appropriate training and had regular checks of their competence. The practice was currently training a new dispenser who told us they were well supported by the staff.

The practice had established a service for people to collect their dispensed prescriptions and had systems in place to monitor how these medicines were collected.

### Cleanliness & Infection Control

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

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about

infection control specific to their role and thereafter annual updates. We saw evidence the lead had carried out audits and that actions were identified. We saw that the lack of foot operated bins in some areas of the practice, for example the toilet and kitchen had been identified but not actioned at the last audit. Practice meeting minutes showed the findings of the audits were discussed.

Health promotion leaflets for patients to take were on display inside the patient's toilet cubicle which could lead to an increased risk of infections being transmitted to patients if patients did not wash their hands before handling the leaflets.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, and aprons were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. The staff were able to describe how they would deal with a spillage of body fluid. There was also a policy for needle stick injury. Hand washing sinks with liquid soap, hand gel and hand towel dispensers were available throughout the practice for example toilets, treatment and consulting rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place and we saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer.

We saw that the practice also had access to equipment purchased by the fund raising of patients and supported by staff. The equipment fund is a registered charity, it enables

## Are services safe?

the practice to buy and loan out equipment otherwise not available to the practice and helps patients continue treatment at home. The use and maintenance of this equipment is monitored by the practice. Examples of equipment are cardiovascular monitoring equipment and providing automated defibrillators within the local areas.

### Staffing & Recruitment

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

We saw there was a rota system in place for all the different staffing groups to ensure there were enough staff on duty. The practice had agreed safe staffing levels in place.

Staff told us there was enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. We saw that the practice had recently appointed an apprentice receptionist to the team and worked with a local college to ensure the member of staff had support and access to appropriate training and supervision.

### Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice had a health and safety policy and there as an identified health and safety lead.

Identified risks were included on a risk log. Each risk was assessed and actions recorded to reduce and manage the risk. We saw that any risks were discussed at the regular meetings team meetings. For example we saw in the minutes of the September meeting that following review of records it was identified that 'read codes' were not being

entered onto computer when equipment was loaned out to patients. Staff were reminded to do this as a method of tracing equipment and identifying the patient requiring this piece of equipment.

We saw that staff were able to identify and respond to the changing risks to patients including deteriorating health and well-being or medical emergencies. For example the nurse practitioner described how she had increased diabetic reviews for patients where their condition was unstable or deteriorating.

We saw that for all patients with long term conditions there were emergency processes in place to deal with their changing conditions. Staff gave us examples of referrals to secondary care made for patients that had a sudden deterioration in health.

There were emergency processes in place for identifying acutely ill children and young people, and staff gave us examples of referrals made. The health visitor told us they were always available to provide advice in the management of babies, young children and young people. The practice had appropriate equipment in place to deal with medical emergencies in these patient groups.

The staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. The practice commented that services provided by the mental health trust to the practice had changed and the practice no longer had regular visits from a behaviour therapist or community psychiatric nurse (CPN) they had raised their concerns with this change with the Mental Health Trust. We saw that the practice did have access to a relate counsellor who visited the practice and could contact a CPN when required.

The practice monitored repeat prescribing for people receiving medication for mental health needs and this was scheduled as part of their annual review.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and

## Are services safe?

an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment. We saw that equipment was checked on a monthly basis.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice is located in a rural area and may be required at times to deal with a range of emergencies before a paramedic is able to attend.

Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of

the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact in the event of failure of the heating system.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Risks associated with service and staffing changes (both planned and unplanned) were required to be included on the practice risk log. We saw an example of what action to take in the event of an epidemic, pandemic and major incident mitigating actions that had been put in place to manage this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. The Vision software system used by the practice provides NICE evidence based clinical information that staff can access.

The GPs and nurse practitioner told us they lead in specialist clinical areas such as diabetes, dermatology, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example the nurse practitioner told us they regularly provide advice and discussed new best practice guidelines for the management of diabetes. The staff we spoke with confirmed this happened.

We saw evidence that the practice's performance for prescribing was regularly reviewed and this is comparable with the CCG. We saw from the medicines optimisation meetings that the practice was continually reviewing patients to ensure they received evidence based treatment. An example was the practice had completed an audit in Bisphosphonate therapy and produced an action plan to improve patient treatment. Bisphosphates are a group of medicines used to treat osteoporosis, and other conditions that affect your bones.

The practice identified patients with complex needs who had or required multidisciplinary care plans and these were documented in their case notes. We saw that these had been discussed at the practice meeting which stated these were being entered into the patient's notes and a copy sent to the patient.

We were shown the process the practice used to review patients recently discharged from hospital and to ensure medication changes were also reviewed. We saw that the practice continually reviewed and monitored patient's hospital admissions as part of a contract Directed Enhanced Services (DES). We saw these were discussed weekly with the GPs and Practice manager.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral to secondary care and patients with suspected cancers were referred and seen within two weeks. We saw evidence that regular review of elective and urgent referrals were undertaken by the practice.

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

### Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection, alerts management and medicines management. The information staff collected was collated by the practice manager and to support the practice to carry out clinical audits and reviews.

The practice showed us three clinical audits that had been undertaken in 2013/14. Two of these were completed audits where multiple cycles' had been completed and the other (atrial fibrillation) ceased after one cycle as all of the patients clinical condition had reverted to normal. Other examples of clinical audits undertaken were to confirm that GPs who undertook minor surgical procedures were doing so in line with their registration and NICE guidance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. The practice also used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. For example 100 % of patients with diabetes had an annual medication review, and the practice met all the



# Are services effective?

## (for example, treatment is effective)

minimum standards for QOF in diabetes/asthma/ chronic obstructive pulmonary disease (lung disease). This practice was performing above the national and local average and was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all GPs should undertake at least one audit per year.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. We were shown evidence to confirm that following the receipt of an alert the GPs and medicines optimising manager reviewed the use of the medicine in question. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, dispensing, managerial and administrative staff. We reviewed staff training records and saw that all staff had attending mandatory courses such as annual basic life support. A good skill mix was noted amongst the clinical staff with doctors specialising in different areas, for example one GP specialised in dermatology and held clinics in the local hospital. The practice teaches GP registrars and final year medical students. We saw that the practice was actively involved in research with a nominated lead GP responsible. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years

undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses required for their professional development. The doctors training to be qualified as GPs had access to a senior GP throughout the day for support. We were unable to speak with the trainees on the day of inspection.

Practice nurses and the nurse practitioner had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology and smoking cessation. Those with extended roles such as the practice nurses and nurse practitioner were seeing patients with long-term conditions such as asthma; COPD, diabetes and coronary heart disease were also able to demonstrate they had appropriate training to fulfil these roles.

### Working with colleagues and other services

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

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for actioned hospital communications was working well in this respect.

# Are services effective?

## (for example, treatment is effective)

The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients e.g. those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, health visitors, social workers, and palliative care nurses, and decisions about care planning were documented in a shared care record. Staff felt this system worked well and it was evident that there was a good working relationship with staff from other professions.

### Information Sharing

The practice used electronic systems to communicate with other providers. Electronic systems were also in place for making referrals, through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book outpatient appointments with their chosen hospital with the help of the practice secretary. Staff reported that they monitor referrals to check if anyone has missed an appointment and follow this up with a call to the patient.

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

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 (MCA) and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. The practice plan to move to voice activated system which will enhance recording of all information onto the practice computer system.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. All clinical staff demonstrated a clear

understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, minor surgery and when verbal and written consent is required.

### Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse or nurse practitioner. The GP was informed of all health concerns detected and these were followed-up in a timely manner. Treatments were also checked to ensure that they followed evidence based practice. The GPs and nursing staff were proactive in offering opportunistic screening for example, by offering cervical screening and promoting healthy life styles.

The practice also offered NHS Health Checks to all its patients aged 40-75. The staff told us patients who had risk factors for disease identified at the health check were followed-up and were scheduled for further investigations.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and all of these patients were offered an annual physical health check.

The practice had also identified the smoking status of patients over the age of 16 and actively offered a smoking cessation service to these patients. Similar mechanisms for identifying at risk groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for cervical smear uptake was above the national and local CCG average. There was a process to remind patients who did not attend for cervical smears. Patients who did not attend were followed up. We saw that there were regular slots available on different days for cervical smears. Performance for national chlamydia, mammography and bowel cancer screening in the area were all above average for the CCG. Mechanism were in place for following up patients who did not attend these screening programmes.

# Are services effective?

(for example, treatment is effective)

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders.

The practice had a register of patients who were identified as being at high risk of admission and at the End of Life.

The practice had developed up to date care plans which they share with other providers. We saw evidence of a good working relationship and joint working with other providers for example the community matron and local authority. People over 75 had a named GP to promote continuity of care and a review of medicines for polypharmacy. The practice had processes in place to review all unscheduled admissions to acute services. Staff were proactive in screening for Dementia and understood the importance of early diagnosis and access to ongoing treatment and support.

The practice had a register of all patients suffering long term conditions LTC and ensured these patients had structured annual reviews for various LTCs such as Diabetes, COPD (chronic obstructive airways disease) and Heart failure. There were identified leads with expertise in the different conditions and this ensured patients received evidence based treatment. The practice QOF scores showed that the practice were performing well for the management of all LTCs and were above the local and national average. We saw that there were good working relationships with the multidisciplinary team and regular meetings to discuss patient care. There were comprehensive screening and vaccination programmes which were managed effectively to support children and young people. Staff were knowledgeable about child protection and safeguarding. The practice had processes in place to monitor any non-attendance of babies and children at vaccination clinics and worked with other agencies to follow up any concerns.

The staff were responsive to parents' concerns and ensured parents could access emergency appointments with open access for under-fives. We saw that the staff had a good knowledge of their patients and family groups and the management of childhood and adolescent illnesses. The Health visitor and nursery nurse were based in the practice and there was a good working relationship. The practice held multidisciplinary meetings where there was input when required from the school and looked after children nurse.

The practice provided a range of services for patients to consult with the GPs and nurses, including on-line booking, repeat prescription requests and telephone consultations. Staff had a programme in place to make sure no patient missed their regular reviews for their condition, such as diabetes, respiratory and cardiovascular problems and offered text reminders for appointments. We saw that there was a good take up of healthy heart checks, cervical smears and blood pressure checks.

The practice was aware of patients in vulnerable circumstances and actively ensured these patients received regular reviews, including annual health checks. We found that all of the staff had a very good understanding of what support services were available within their catchment area. Staff were knowledgeable and proactive when safeguarding vulnerable adults. They had access to the practice policy and procedures and discussed vulnerable patients at the clinical meetings.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medicines review. The practice were able to access a relate counsellor who visited the practice and CPNs could be contacted by the practice when required.



# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, and a survey of 21 patients undertaken by the practice's Patient Participation Group PPG asking temporary residents how satisfied they were with the practice. The PPG also completed a survey in Nov 2013 asking 319 patients how aware they were of online services in the practice and if they were interested in joining the PPG. The evidence from all these different sources showed patients were satisfied with how they were treated and access to services. For example the practice rated well above average in all areas of satisfaction and 98% of patients rated the GPs as good at listening to them and 96% of patients felt they had enough time.

We received 37 CQC cards, all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection and two members of the PPG. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located behind the reception desk and was shielded by glass partitions which helped keep patient information private. We saw that staff spoke with patients in a quiet and confidential manner. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained. Patients could also ask to speak with staff in private.

There was a clearly visible message in the patient information leaflet and on the practice web site stating the practice's zero tolerance for abusive behaviour. We spoke with reception staff who told us they had received training in dealing with aggression which would help them in dealing with potentially difficult situations.

We observed staff dealing with all people regardless of circumstances in a sensitive and sympathetic manner.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 92% of practice respondents said the GP involved them in care decisions and 96% felt the GP was good at explaining treatment and results. Both these results were above average compared to the CCG area/national. The results from the satisfaction survey showed that 92% of patients said they were sufficiently involved in making decisions about their care.

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

Staff told us that translation services were available for patients who did not have English as a first language. The staff told us they have very few patients in the area requiring this service.

We saw evidence that the practice was developing personal care plans for patients with complex needs such as some older people or end of life care and a copy had been sent to them.

We saw that the practice had developed a children's play room in the reception area. This had been designed and decorated by a patient of the practice to create a pleasing child friendly area. This created a space for babies and young children to feel safe and use play therapy as a distraction whilst waiting for an appointment or treatment.

## Are services caring?

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

There was information in the waiting area sign-posting people to a number of support groups and organisations.

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

Staff told us they were aware of and tried to support families who had suffered bereavement. The staff also undertook palliative care reviews and reflective practice following the death of a patient to help them improve services for people.

The practice had a high proportion of older people and recognised isolation as a risk factor and the need for support to be provided to address this. The PPG and practice had concerns around the rural location of the aging population. The group arranged a couple of Health Fairs to engage with the local population giving information around general health issues. They were organised by the group and took place in Seahouses and Belford in October/November 2013. They were deemed a success by the practice and patients alike.

We saw evidence that the practice works jointly with the health visitor and school nurse to address the needs of children and families in the area.

We saw that people suffering with long term conditions received regular annual reviews and if deemed appropriate they were reviewed more regularly. From the comments we received people told us they felt supported and had good access to services. The staff were aware of co morbidities and depression that may accompany these conditions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. An example of this is the plan to reduce unplanned admissions to acute care by monitoring and reviewing unscheduled admissions to acute services.

There had been very little turnover of staff during the last three years which promoted good continuity of care and accessibility to appointments with a GP and practice nurses of choice. Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to those patients who needed one.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. Examples of these initiatives were a patient suggestion box in reception, text reminders for appointments to reduce the number of 'do not attends' (DNAs) and the group has also organised health fairs with the help of local parish councils and businesses.

The practice has a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient and their families care and support needs. As a consequence of staff training the staff had a better understanding of the needs of patients and the skills and knowledge to care for patients. The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment. There were regular scheduled meetings with community nurses, end of life care and other health providers.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, such as those with a learning disability, travellers and carers. The practice were able to identify different patient groups and respond to their needs. The practice actively promoted services available to people in the local community, for example the walk in flu clinics.

The practice does not have many patients who require translation service. The staff told us they have access to language translation services should they require this.

The premises at the main surgery and branch surgery had been adapted to meet the needs of people with disabilities accessing the service. There is no hearing loop system in the practice however staff was aware of patients who may require support.

### Access to the service

Appointments were available from 8.30 am to 6.00 pm on weekdays with extended opening on a Tuesday from 6.30pm until 8 pm. Every fourth Saturday the practice is open from 8.00 am until 11 am. The Seahouses surgery provided services four days a week closing on a Wednesday. This was particularly useful to patients with work or family commitments.

The patient information leaflet and practice web site provided further details of bookable appointments with the GPs, practice nurse, nurse practitioner, health visitor, district nurses and physiotherapist. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. We saw that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. One patient we spoke with told us they had contacted the practice at 8.30 am the morning of our inspection and had been given an appointment for 9.30 am.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice is on one level with good access for all patients including those with disabilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and patients were asked to leave prams in the large porch area. Accessible toilet facilities were available for all patients attending the practice including baby changing and breast feeding facilities.

The practice offered an online booking system which was available and easy to use; there were text message reminders for appointments to those patients who had provided mobile telephone numbers. The PPG undertook a survey asking patients if they were aware of this service and what they thought of the service. This assisted the practice in understanding what patients thought of the service and also raised awareness of online booking with patients.

## Listening and learning from concerns & complaints

The practice had a 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. 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. There was information available about complaints and form patients could complete about complaints, suggestions and concerns.

Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice. We looked at four complaints received between 2013/14 and found these were satisfactorily handled and dealt with in a timely manner.

The practice reviewed complaints and compliments on a monthly basis at the 'closed shop' practice meeting. We saw that complaints were investigated, shared with staff and lessons learnt from individual complaints had been acted upon. We minutes from the September meeting that there were no complaints however the practice had received seven compliments, some from temporary residents.

# 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 had a clear vision to deliver high quality care and promote good outcomes for patients. In the patient information it states 'The team work together to provide the highest quality healthcare at the same time meeting ever changing needs of its patients and the community'.

We spoke with 11 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We saw and were told that staff regularly came together at a range of formal meetings to discuss practice business, training, future developments and patients ongoing care.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We found these to be well organised which enabled the member of staff to understand how particular policies linked to the CCG regulations, this helped staff to understand the importance of the policy. We looked these policies and procedures and they were regularly reviewed and were up to date.

The practice held regular monthly meetings with all staff and weekly meetings with the GPs and practice manager where they reviewed performance, unplanned hospital admissions and clinically related issues. We looked at minutes from meetings and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing well above the national and local national standards. We saw that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed a number of clinical audits, for example minor surgery, Bisphosphonate therapy and atrial fibrillation. We were told that each GP performs personal audits necessary for their appraisal and QOF review is practice wide. As the GPs do not run personal patient lists, all audits involve all the practice patients.

The practice had robust arrangements for identifying, recording and managing risks. The practice had a

nominated risk manager who told us they were responsible for maintaining Health and Safety standards inside and outside of the building. They showed us how they monitor, audit and deal with risk which addressed a wide range of potential issues, such as fire safety, equipment and safe access to the practice.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead for medicines management/dispensing and safeguarding lead for adult and children. We spoke with 11 members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. The practice was closed once a month to enable all staff to attend meetings and invite multidisciplinary staff into the practice to discuss patients.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies. An induction policy, recruitment and management of sickness policies were in place to support staff. Staff we spoke with knew where to find these policies if required and felt confident in speaking with the management team who they told us were supportive.

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

The practice had gathered feedback from patients through patient surveys, use of a suggestion box and complaints and compliments received which they shared with staff. We looked at the results of the annual patient survey and saw the overall patient satisfaction was high with a 100% of patients saying they would recommend the practice to a friend.

The PPG were very active and had steadily increased in size. The group had been established in 2006 and had representatives from various population groups. The group produced an annual report and actively communicated with patients using the Life channel in the practices.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

# Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff via their computers.

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and staff could access courses they required to fulfil their roles and responsibilities.

The practice was a GP training practice and taught GP registrars and final year medical students. There is a GP who is the practice GP registrar trainer. This means the practice has an active role in the training of doctors specialising in general practice. GP registrars are doctors in the final stage of their training as a GP. They are fully qualified with at least 3 years postgraduate experience and are available for consultation.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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