

Garden Park Surgery

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Garden Park Surgery on 29 April 2016. Overall the practice is rated as inadequate.

Our key findings were as follows:

- Patients were at risk of harm because the systems and processes in place were ineffective and were not implemented in a way that kept them safe. For example, we found significant concerns in relation to medicines management and infection control arrangements.
- There was insufficient evidence that 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 outcomes of patients' care and treatment was not always monitored regularly. Clinical audits were not routinely carried out to improve care and treatment.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement.
- Staff had not all received all of the training necessary to carry out their roles effectively.
- 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.
- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

The areas where the provider must make improvements are:

Summary of findings

- Implement effective arrangements to assess the risk of, prevent, detect and control the spread of healthcare related infections.
- 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 maintaining records of blank prescription form serial numbers.
- Ensure all medical equipment, such as needles and syringes in the practice is within expiry date and fit for purpose.
- Provide care and treatment in a safe way, including ensuring that a minor surgery log is maintained, consent to minor surgery is obtained and documented and clinical samples are sent for analysis following minor surgical procedures.
- Ensure that the quality and safety of services is assessed, monitored and improved, including the development of a continuous programme of clinical and internal audit.
- Ensure staff receive appropriate support, including appraisal and training relevant to their role.
- Ensure relevant pre-employment checks are carried out on staff, including those who act as chaperones.
- Put systems in place to check that clinical staff are registered with the appropriate professional body.

In addition, the provider should:

- Review the arrangements to enable patients to summon support to access the branch surgery.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because the systems and processes in place were ineffective and were not implemented in a way that kept them safe. For example, we found significant concerns in relation to medicines management and infection control arrangements.

Not all staff who acted as chaperones had been subject to Disclosure and Barring Service (DBS) checks or received relevant training. Appropriate standards of cleanliness were not maintained; some equipment and some fixtures and fittings were visibly unclean.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not fully satisfactory. Records of temperature checks of refrigerators used to store vaccines were incomplete. The processes in place for handling repeat prescriptions were unsatisfactory; some patients' medication reviews were well overdue.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

There was little monitoring of patients' outcomes and a lack of a formal clinical audit programme. Data showed patient outcomes were below averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. The latest publicly available data from 2014/15 showed the practice had achieved 91.5% of the total number of points available, which was 3.2% below the England average (of 94.7%). However, we saw the results from the 2015/2016 QOF returns; which showed improved performance

There were ineffective systems in place for reviewing patients' medicines and the issuing of repeat prescriptions was not closely monitored. The practice offered a minor surgery service for patients. No minor surgery audit had been carried out. We looked at a sample of seven recent minor surgery records; of these, three samples had not been sent for testing.

Inadequate



Summary of findings

There was insufficient evidence that 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. Arrangements had been made to support clinicians with their continuing professional development. However, staff had not received sufficient training appropriate to their roles. Some staff had not had an appraisal for more than a year, in one case, over three years ago.

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Are services caring?

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

The vast majority of 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 the practice provided was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

However, the National GP Patient Survey, published in January 2016, showed not all patients were satisfied with how they were treated. The practice was below average for its satisfaction scores on consultations with doctors. For example, of those who responded: 80% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%. 84% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%. 80% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.

Although managers were aware of the performance for the GPs; they were unable to offer an explanation as to why this was. No reviews of the patient survey had been carried out to determine the reasons for the lower scores.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Requires improvement



Summary of findings

The practice was not proactive in encouraging patients to register as carers; staff told us the clinical staff would ask those patients who they considered may have been carers but there were no plans to reach out to the wider practice population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs

The practice scored very well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 88% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75% and 90% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, there was little evidence that learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as inadequate for providing well-led services and improvements must be made.

There was no clear strategy for future development. A business plan had been devised but there were no detailed plans or timescales about how and when the practice would achieve those aims.

There was a lack of good governance and the number of concerns we identified during the inspection reflected this. There was little evidence to demonstrate how any learning from significant events and complaints was shared with staff. There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

There was a 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.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The practice was rated as inadequate for safe, effective and well-led and requires improvement for being caring. 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 offered personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Inadequate



People with long term conditions

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

There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- 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.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safe, effective and well-led and requires improvement for being caring. 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 systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

However, the practice's uptake for the cervical screening programme was 77.9%, which was below the clinical commissioning group (CCG) average of 83.1% and the national average of 81.8%.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice was rated as inadequate for safe, effective and well-led and requires improvement for being caring. 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 services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered at the branch surgery one night per week between 6.30pm and 8pm for working patients who could not attend during normal opening hours.

Inadequate



Summary of findings

- 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 inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe, effective and well-led and requires improvement for being caring. 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 and were offered longer appointments, 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.

Inadequate



People experiencing poor mental health (including people with dementia)

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

There were, however, examples of good practice.

Inadequate



Summary of findings

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

Summary of findings

What people who use the service say

We spoke with 15 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 48 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 happy with the appointments system, although some felt they waited too long to be called in for their appointment.

The National GP Patient Survey results published in January 2016 showed the practice was performing in above local and national averages in relation to accessing the service. There were 110 responses (from 324 sent out); a response rate of 34%. This represented 1.6% of the practice's patient list.

- 93% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 90% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.

- 99% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 91% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 73% and a national average of 65%.
- 84% felt they don't normally have to wait too long to be seen, compared with a CCG average of 66% and a national average of 58%.

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

- 80% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 84% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 93% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 94% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 97% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.

Areas for improvement

Action the service MUST take to improve

Implement effective arrangements to assess the risk of, prevent, detect and control the spread of healthcare related infections.

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 maintaining records of blank prescription form serial numbers.

Ensure all medical equipment, such as needles and syringes in the practice is within expiry date and fit for purpose.

Summary of findings

Provide care and treatment in a safe way, including ensuring that a minor surgery log is maintained, consent to minor surgery is obtained and documented and clinical samples are sent for analysis following minor surgical procedures.

Ensure that the quality and safety of services is assessed, monitored and improved, including the development of a continuous programme of clinical and internal audit.

Ensure staff receive appropriate support, including appraisal and training relevant to their role.

Ensure relevant pre-employment checks are carried out on staff, including those who act as chaperones.

Put systems in place to check that clinical staff are registered with the appropriate professional body.

Action the service SHOULD take to improve

Review the arrangements to enable patients to summon support to access the branch surgery.

Garden Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of GP practice management and a member of staff from the CQC administrative team.

Background to Garden Park Surgery

Garden Park Surgery is registered with the Care Quality Commission to provide primary care services. It is located in Howdon in North Tyneside.

The practice provides services to around 6,900 patients from two locations:

- 225 Denbigh Avenue, Howdon, Wallsend, Tyne and Wear, NE28 0PP;
- White Swan Centre, Citadel East, Killingworth, Tyne and Wear, NE12 6SS.

We visited both of these addresses as part of the inspection.

The practice has three GP partners (two female and one male), one salaried GP (male), three practice nurses (all female), a practice manager, and 10 staff who carry out reception and administrative duties. Two of the reception staff are also healthcare assistants. At the time of the inspection we were told that one of the GP partners had retired in February 2016 and two further GP partners had joined the practice.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is

made up of a higher than average proportion of patients under the age of 18 (21.7% compared to the national average of 19.4%). 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 purpose built buildings. All patient facilities are on the ground floor at both sites. There is on-site parking, disabled parking and disabled WCs. Both sites have level access to all facilities. However, the external door at the branch surgery is not automatic and there is no doorbell or alternative way for patients to summon support to access the premises.

Opening hours at the Howdon surgery are between 8.30am and 6pm Monday, Tuesday, Wednesday and Friday; and between 8.30am and 1pm on Thursdays. Opening hours at the White Swan surgery are between 9am and 6pm Monday, Tuesday, Wednesday and Friday; and between 9am and 1pm on Thursdays. The White Swan branch is also open one night per week between 6.30pm and 8pm, this night varies each week.

Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times on the week of the inspection:

- Monday - 9am to 12pm; then from 4pm to 8pm
- Tuesday - 9am to 11.30am; then from 3pm to 5.30pm
- Wednesday - 9.30am to 12pm; then from 2.30pm to 5.30pm
- Thursday - 9.30am to 12pm
- Friday - 9am to 12pm; then from 3pm to 5.30pm

A duty doctor is available each afternoon until 6.30pm (including Thursdays).

Detailed findings

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 Northern Doctors Urgent Care Limited (NDUC).

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 29 April 2016. We spoke with 15 patients and 10 members of staff from the practice. We spoke with and interviewed four GPs, two practice nurses, the practice manager and three 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 48 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 a system in place for reporting and recording significant events but this was not fully satisfactory.

- 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. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS). However, during the inspection, staff were unable to access the SIRMS system to demonstrate how these arrangements were put into practise because they were unable to enter the correct password.
- The practice carried out an analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records and incident reports; some of these demonstrated where improvements had been made. For example; the protocol for reception staff issuing prescriptions was amended after a prescription had been given to an incorrect patient.

We requested to view minutes of meetings where significant events were discussed. Managers told us not all meetings were minuted. The meeting minutes we were able to review did not specifically detail which incidents had been discussed.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were initially received by the practice manager; information was then forwarded to clinicians and other staff where necessary. However, some

of the clinical staff were unaware of recent alerts and there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GPs attended safeguarding meetings when possible. However, some clinical staff were not aware if they had provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had been trained to level two.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. However, some non-clinical staff who acted as chaperones had not been trained for the role and had not 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).
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. However, the arrangements to provide assurance that GPs and nurses employed by the practice continued to be registered to practice with the relevant professional bodies (for GPs this is the General Medical Council (GMC) and for nurses this is the Nursing and Midwifery Council (NMC)) were unclear. Managers told us they checked with the GMC and NMC that any new members of staff were registered. However, there were no regular checks to provide assurance of the continuing registration of staff.

Are services safe?

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not followed. We observed some fixtures and fittings, including chairs and toys in the waiting rooms were not clean. No regular checks were undertaken to check the standard of cleaning at either site.

The practice nurse was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken at the Garden Park site but not at the branch site. The practice manager told us an audit was planned soon. The audit had identified a number of areas for improvement, including replacing seating and sink units; the timescales for these improvements were within 12 months. The practice manager told us they had applied for some funding to be able to carry out the improvements.

We observed cool bags labelled 'sample container' in refrigerators at both sites. Staff told us that specimens were sometimes stored in the refrigerators where medicines were held. This is contrary to guidance from the Public Health England, detailed within their protocol for 'ordering, storing and handling vaccines'. This states; "A vaccine fridge must be used only to store vaccines and medicines, i.e. food or specimens must not be stored alongside vaccines."

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not fully satisfactory.

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. Records at the Killingworth site were incomplete and temperatures had not been checked every day the practice was open. Actual refrigerator temperatures were recorded at both sites, but not the minimum or maximum; it was therefore difficult to ascertain whether the vaccines had been stored at the correct temperature at all times.

The processes in place for handling repeat prescriptions were unsatisfactory. We saw a number of repeat prescriptions which showed that some patients' medication reviews were well overdue.

Prescription pads were securely stored but there were no systems in place to monitor their use. Records of blank prescription form serial numbers were not made on receipt into the practice or when the forms were issued to GPs. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock'.

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 had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were some 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 reception office. 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 had a fire risk assessment in place, however, this was dated 2012 and had not been reviewed since that date to ensure it remained current. The practice had not carried out a legionella risk assessment for either of the premises (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.

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.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, one of the medicines and several of the consumables (needles and syringes) in the emergency box at the Killingworth branch were not in date.
- The practice did not have comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was insufficient evidence that 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 arrangements to ensure all clinical staff were kept up to date were unclear and there was no evidence the practice monitored that these guidelines were followed. Some clinical staff were unable to access the guidelines on the practice's own computer system and told us they would search on the internet for guidance.

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 91.5% of the total number of points available, which was 3.2% below the England average (of 94.7%).

At 5.2%, the clinical exception reporting rate was 4% 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:

- Performance for cancer related and heart failure indicators was above the national average (both 100% compared to 97.9% nationally).
- Performance for asthma related indicators was below the national average (88% compared to 97.4% nationally). For example, the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 63.2%, compared to the national average of 75.3%.

- Performance for mental health related indicators was below the national average (83.3% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 70.6%, compared to the national average of 88.3%.
- Performance for dementia related indicators was below the national average (76.9% compared to 94.5% nationally). For example, the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record various tests recorded between 6 months before or after entering on to the register was 35.7%, compared to the national average of 81.5%.

However, we saw the results from the 2015/2016 QOF returns; this showed improved performance across all three areas above. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 90%, compared to 70.6% the previous year.

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. We asked to see records of clinical audits; we were provided with two audits with the aim of reducing referrals to secondary care. These were not formal clinical audits. National guidance states "clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice". The practice did not have any arrangements in place to identify which topics to audit.

There were ineffective systems in place for reviewing patients' medicines and repeat prescriptions were not closely monitored. We looked at a sample of repeat prescriptions and saw many of them stated the reviews were overdue. Clinical staff told us they thought the reviews were up to date. The practice was therefore unable to demonstrate that patients' repeat prescriptions were still appropriate and necessary.

The practice offered a minor surgery service for patients. No log of minor surgery was maintained and no minor

Are services effective?

(for example, treatment is effective)

surgery audit had been carried out. National guidelines state 'If your practice undertakes any form of minor surgery you should be involved in audit: audit of your results, your complications and of your diagnostic accuracy'. We looked at a sample of seven recent minor surgery records; of these, three tissue samples had not been sent for testing. Clinical staff were not able to explain the reasons for this.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics 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. Most 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 doctors. However, some staff, including some of the nurses and the practice manager had not an appraisal within the last 12 months; for one member of staff it was over three years ago.
- The practice did not have a training plan in place. Staff received some training that included: fire safety, infection control and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had received the appropriate level of training in children's safeguarding. Staff had not completed information governance, chaperone or confidentiality training. Managers told us they planned to arrange this training and compile a training matrix to monitor training needs.

Coordinating patient care and information sharing

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 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 weekly basis.

Consent to care and treatment

Patients' consent to care and treatment was not always sought in line with legislation and guidance.

- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- However, some clinical staff did not understand the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- Some clinical staff were unsure of the actions to take where a patient's mental capacity to consent to care or treatment was unclear.
- The practice had a consent policy which stated that consent would 'be obtained for any procedure which carries a risk that the patient is likely to consider as being substantial'. We looked at a sample of three recent minor surgery records from the main surgery; of these, two did not have a record of the patient's consent to the procedure.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- 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.

The practice's uptake for the cervical screening programme was 77.9%, which was below the clinical commissioning group (CCG) average of 83.1% and the national average of

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

year olds ranged from 97.2% to 100% (compared to the CCG averages of between 97.3% and 98.8%) and for five year olds ranged from 89.5% to 100% (compared to the CCG averages of between 92.2% and 98.4%).

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.

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

The vast majority of the 48 patient CQC comment cards we received were positive about the service experienced. We spoke with 15 patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The National GP Patient Survey, published in January 2016, showed not all patients were satisfied with how they were treated. The practice was below average for its satisfaction scores on consultations with doctors; scores for nurse and reception staff were generally above average. For example, of those who responded:

- 94% 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%.
- 80% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 98% 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%.
- 93% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 97% patients said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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 not all patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs were mainly below local and national averages, although scores for nurses were above average. For example, of those who responded:

- 84% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 84% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 89% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% 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 86% and the national average of 82%.
- 94% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 92% said the nurse was good at involving them in decisions about their care, compared to the CCG average of 87% and the national average of 85%.

Although managers were aware of the performance for the GPs; they were unable to offer an explanation as to why this was. No reviews of the survey data had been carried out to determine the reasons for the lower scores.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Are services caring?

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 a talking therapy service, children's services, counselling services and a local social group.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 73 patients (1% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if

appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice was not proactive in encouraging patients to register as carers; staff told us the clinical staff would ask those patients who they considered may have been carers but there were no plans to reach out to the wider practice population.

Staff told us that if families had suffered bereavement, their usual 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 ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out weekly ward rounds and had regular phone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- Both sites had level access to all facilities. However, the external door at the branch surgery was not automatic and there was no doorbell or alternative way for patients to summon support to access the premises.
- Appointments with GPs could be booked online, in person or on the telephone.

Access to the service

Opening hours at the Howdon surgery were between 8.30am and 6pm Monday, Tuesday, Wednesday and Friday; and between 8.30am and 1pm on Thursdays. Opening hours at the White Swan surgery were between 9am and 6pm Monday, Tuesday, Wednesday and Friday; and between 9am and 1pm on Thursdays. The White Swan branch was also open one night per week between 6.30pm and 8pm, this night varied each week. Managers were aware that patients who lived nearer to the main branch may have found it difficult to access the late night service at the branch surgery and were considering options for the main site.

Appointments were available at the following times on the week of the inspection:

- Monday - 9am to 12pm; then from 4pm to 8pm
- Tuesday - 9am to 11.30am; then from 3pm to 5.30pm
- Wednesday - 9.30am to 12pm; then from 2.30pm to 5.30pm
- Thursday - 9.30am to 12pm
- Friday - 9am to 12pm; then from 3pm to 5.30pm

A duty doctor was available each morning between 8am and the start of surgery and each afternoon until 6.30pm (including Thursdays).

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent 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 above local and national averages. Most patients we spoke with on the day were able to get appointments when they needed them. For example, of those who responded:

- 88% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 91% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 87% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 73% 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 but this was not always effective.

- 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 the two 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?)

However, there was no evidence of learning from complaints; no formal meetings were held to discuss and review complaints.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a clear vision; there was no mission statement or strategy in place. There was a business plan which set out the 'work in progress'. The plan was not comprehensive and did not set out how and when the tasks would be achieved.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice policies were updated on an ad-hoc basis; there was no timetable in place to check policies to ensure they remained relevant. When policies were updated, the practice manager sent an email to staff or verbally advised them to read them. There were no follow up arrangements in place to check whether staff had read and understood the policies.
- There was little evidence to demonstrate how any learning from significant events and complaints was shared with staff.
- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- Some of the clinical staff were unaware of recent patient safety alerts and there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions.
- The practice had a consent policy; however, this had not been followed by some staff carrying out minor surgical procedures.
- We also identified issues with medicines management and infection control and support given to staff through training and appraisals. The lack of good governance had contributed to all of these issues.

Leadership, openness and transparency

During the past year there had been a number of changes to the leadership structure. One of the GP partners had

retired and two new GP partners had joined the practice. Managers told us there had been a period of instability and the focus over the past year had been on recruiting new GPs.

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Some of the clinical staff we spoke with were not aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Staff told us that regular team meetings were held. However, records showed that a staff meeting had been held in August 2015; the next documented meeting took place six months later in February 2016.
- 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.

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met twice a year and submitted proposals for improvements to the practice management team. For example, background music in the waiting room had been removed for a period of time. Following a suggestion by the PPG the practice re-installed background music in the waiting room which they had previously removed.

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

Continuous improvement

There was no evidence of innovation or service development. Managers told us this had been 'put to one side' while they recruited new GPs.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff did not always receive appraisals or appropriate training to enable them to carry out their duties. Regulation 18 (2) (a).
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered provider had not ensured that the information specified in Schedule 3 and such other information as is required to be kept was available for each person employed. The practice could not demonstrate that regular checks were carried out to ensure that the health care professionals employed continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role. Regulation 19 (3) (a) (4) (b).

This section is primarily information for the provider

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice did not ensure care and treatment was provided in a safe way.</p> <p>The practice did not ensure equipment was fit for purpose.</p> <p>The practice did not effectively and safely manage medicines.</p> <p>The practice did not have effective infection prevention and control arrangements in place.</p> <p>Regulation 12 (1).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities, arrangements to learn from significant events were ineffective.</p> <p>Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, there was a lack of clinical audits.</p> <p>The practice did not maintain complete records of each service user; the documentation of consent to minor surgical procedures.</p> <p>The practice did not maintain records in relation to the management of the regulated activities; records in relation to the receipt and distribution of blank prescriptions.</p>

This section is primarily information for the provider

Enforcement actions

Regulation 17 (1).