

Fell Cottage Surgery

Quality Report

123 Kells Lane

Gateshead

NE9 5XY

Tel: 0191 4872656

Website: www.fellcottagesurgery.nhs.uk

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

Ratings

Overall rating for this service

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 an announced comprehensive inspection at Fell Cottage Surgery on 15 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and was able to demonstrate improvements to patient care as a result of this.
- Patient satisfaction in respect of being treated with compassion, dignity and respect and being involved in decisions about their care was good.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly

- The practice had proactively sought feedback from patients and had recently reformed their patient participation group.
- The practice was aware of areas of patient dissatisfaction but had taken steps to make improvements in relation to these.
- The practice had effective systems in place to support patients with long term conditions.

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

Importantly, the provider should:

- Consider routinely offering annual reviews to patients with a learning disability and carers.
- Share trends and themes and lessons learned from significant events and complaints with the entire staff group.
- Review and update the practice complaints leaflet and ensure information advising patients how to make a complaint is displayed within the practice in patient-accessible areas.
- Ensure all staff have received the appropriate level of safeguarding training in line with the latest guidance.

Summary of findings

- Review the process for determining topics for clinical audit activity.
- Update their training matrix with completed online training details so they can monitor and assure themselves of the training staff have completed.
- Ensure that fire evacuation drills are carried out on a regular basis.
- Consider formalising discussions already already taking place at meetings about succession planning and future developments within the practice into a business plan and strategy discussion.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed although the practice had not carried out fire evacuation drills.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies. However, there was no evidence of sharing trends and themes or lessons learned from significant events and complaints with the entire staff group.

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

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions.

The practice had effective safeguarding processes in place but not all staff had received an update in the appropriate level of safeguarding training in line with latest guidance.

A comprehensive staff recruitment policy was in operation and staff had received Disclosure and Barring Service (DBS) checks.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Data from the Quality and Outcomes Framework showed patient outcomes were generally better than local clinical commissioning

Good



Summary of findings

group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 93.1% of the points available (local CCG average 95.5% and national average 94.7%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 100% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 95.6% to 98.9% (compared to CCG range of 89.8% to 97.9%).

The practice did not routinely offer annual reviews to patients with a learning disability or carers.

There was evidence of clinical audit activity and improvements made as a result of this. However, we were not assured that there was an effective system in place to determine topics for clinical audit.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training. The practice did not have an effective system in place to record or monitor training completed by staff.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards 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 service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 were either above average or comparable when compared with CCG and national averages in respect of providing caring services. For example, 96% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 92% said the last nurse they saw or spoke to was good at listening to them (CCG average 92% and national average was 91%).

Results also indicated that 94% of respondents felt the GP treated them with care and concern (CCG average 88% and national average of 85%). 91% of patients felt the nurse treated them with care and concern (CCG average 92% and national average 91%).

Good



Summary of findings

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. Information about how to complain, although not advertised in the practice, was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the practice complaints policy needed updating to include rights of escalation should a patient remain dissatisfied with their response from the practice. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately although this was not always shared with the entire staff group.

The practice's scores in relation to access in the National GP Patient Survey were lower than or comparable with local and national averages. The most recent results (January 2016) showed that 39% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and the national average of 65%. 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%. However, the practice was aware of patient dissatisfaction in these areas and had taken steps to improve.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services. For example, they were participating in a home visit pilot to ensure that frail, housebound and hard to reach patients could be seen without delay. This ensured that home visits could be carried out up to 8pm and weekdays and during normal working hours on weekends

Good



Are services well-led?

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

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular clinical governance meetings. However, non-clinical governance meetings were only held on a quarterly basis and there was no evidence of whole staff team meetings.

Good



Summary of findings

There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

The practice proactively sought feedback from staff and patients, which it acted on. A newly formed patient participation group was in operation and was seeking to increase membership as one of their main priorities.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 97.9% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for pneumonia and influenza to older people. The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care. Palliative care patients were prescribed anticipatory medicines when appropriate.

The practice operated a weekly ward round approach to supporting their patients who were resident in local care homes and had ensured that all these patients had a care plan which included documenting discussions about resuscitation. The practice had also ensured that comprehensive care plans were in place for 2% of their patients most at risk of unplanned or avoidable admission to hospital.

One of the practice health care assistants supported patients with long term conditions who were housebound and unable to attend review appointments at the practice.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice was piloting a centrally organised system for issuing long term condition comorbidity review recall letters. Nursing staff had lead roles for certain long term conditions and used a standard template to ensure all of a patient's long term conditions were reviewed in one appointment.

The practice had signed up to the NHS Year of Care approach to working with patients with long term conditions. The Year of Care model supports patients to self-manage their conditions and uses proactive care planning as a central component in achieving this.

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term

Good



Summary of findings

conditions and ran regular clinics for conditions such as chronic obstructive pulmonary disease (COPD) and asthma. The practice offered a diabetes insulin initiation service and had the equipment to enable them to carry out various medical tests and monitoring for a range of conditions.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved some good outcomes in relation to some of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with chronic obstructive pulmonary disease. This was 3 percentage points above the local CCG average and 4 points above the national average.
- The practice had obtained 99.4% of the points available to them in respect of hypertension. This was 1.6 percentage points above both the local CCG and national averages

However, the practice had only obtained 73.6% of the points available to them for asthma. This was 23 percentage points below the local CCG average and 23.8 points below the national average. The practice manager explained that although several review recall letters were sent to patients with asthma many of their younger asthma patients failed to attend review appointments.

Families, children and young people

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

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

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were higher than national averages. For

Good



Summary of findings

example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 100% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 95.6% to 98.9% (compared to CCG range of 89.8% to 97.9%).

The percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81.4% (national average 81.8%).

Pregnant women were able to access antenatal clinics provided by healthcare staff attached to the practice. Practice clinicians carried out post-natal mother and baby checks.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The practice was open from 8.15am to 6pm on a Monday to Friday (appointments available from 8.30am to 11.30am and 2.30pm to 5.15pm) and one Saturday morning per month. The practice was also able to offer their patients a pre bookable GP appointment from 8am to 8pm on a weekday and from 9am to 2pm on a weekend at one of three extended access GP 'hubs' in the Gateshead area.

The practice offered minor surgery, contraceptive services and travel immunisations (including yellow fever). Patients were able to book appointments and request repeat prescription online and a full range of health information was available on the practice web site.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. However, patients with a learning disability were not routinely offered an annual health review.

The practice had established 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.

The practice was proactive in identifying carers and ensuring they were offered flu vaccinations and referred to relevant support services. Carers were not routinely offered an annual health review.

Good



Summary of findings

The practice regularly hosted a drug and alcohol support worker.

People experiencing poor mental health (including people with dementia)

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

Data for 2014/15 showed that the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 85.9%. This was comparable to the local clinical commissioning group (CCG) average of 86% and above the national average of 84%. However, the practice had only achieved 14.5% of the points available to them for ensuring patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months. This was below the CCG average of 84.7% and national average of 88.3%. Practice staff felt this was due to patients with mental health conditions failing to attend review appointments despite receiving regular recall letters and told us that their performance in this area had improved greatly. More recent results forwarded to us by the practice after our inspection showed that 73% of the 77 patients on their register of patients with a mental health issue had an agreed care plan in place.

Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as psychological support services. The practice hosted counsellors from a local mental health charity which provides confidential support services for people experiencing emotional or mental health problems.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice carried out dementia screening and referred patients to a memory protection service and local support services.

Good



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was generally higher than or comparable with local and national average. 249 survey forms were distributed and 113 were returned, a response rate of 45%. This represented approximately 1.4% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone compared to a clinical commissioning group average of 78% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 95% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)

- 91% said the nurse was good at treating them with care and concern (CCG average 92%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Words used to describe the practice and its staff included excellent, professional, committed, caring, brilliant, respectful and helpful.

We spoke with five patients during the inspection, two of whom were members of the practice patient participation group. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

In advance of the inspection we also spoke a primary care counsellor who worked closely with, but was not employed by the practice. They reported that they had no concerns in respect of the practice and felt the practice provided a good service to attached staff and patients.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider routinely offering annual reviews to patients with a learning disability and carers.
- Share trends and themes and lessons learned from significant events and complaints with the entire staff group.
- Review and update the practice complaints leaflet and ensure information advising patients how to make a complaint is displayed within the practice in patient-accessible areas.
- Ensure all staff have received the appropriate level of safeguarding training in line with the latest guidance.

- Review the process for determining topics for clinical audit activity.
- Update their training matrix with completed online training details so they can monitor and assure themselves of the training staff have completed.
- Ensure that fire evacuation drills are carried out on a regular basis.
- Consider formalising discussions already already taking place at meetings about successions planning and future developments within the practice into a business plan asnd strategy discussion.

Fell Cottage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Fell Cottage Surgery

Fell Cottage Surgery is located in the Low Fell area of Gateshead, Tyne and Wear. The practice provides care and treatment to 8,400 patients from Low Fell and the surrounding areas of High Fell, Chowdene, Deckham and Saltwell. It is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Fell Cottage Surgery, 123 Kells Lane, Gateshead, NE9 5XY

The practice is located in a two-storey, Grade II listed building which has been converted from a residential property for use as a GP surgery. All reception and consultation rooms are fully accessible for patients with mobility issues. There is a small car park on-site and on-street parking available nearby.

The practice is open from 8.15am to 6pm on a Monday to Friday (appointments running from 8.30am to 11.30am and 2.30pm to 5.15pm) and one Saturday morning per month.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc. The practice is one of a number of GP practices in

the Gateshead area who are part of a not-for-profit social enterprise organisation known as Gateshead Community Based Care (CBC). CBC is a co-commissioned service created with support from the local clinical commission group to increase access to GP appointments at three extended access GP 'hubs' spread over the Gateshead area, operate a home visit service and coordinate some administrative functions for GP practices. The practice is therefore able to offer their patients a pre bookable GP appointment from 8am to 8pm on a weekday and from 9am to 2pm on a weekend at one of the hubs.

Fell Cottage Surgery offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, childhood health surveillance and immunisations, travel vaccinations (including yellow fever), cervical screening and minor surgery. The practice is a teaching and training practice and provides tuition to F2 doctors (a qualified doctor undertaking additional training to enable them to become a GP) and medical students.

The practice consists of:

- Five GP partners (two male and three female)
- Two salaried GPs (one male and one female)
- Three practice/treatment room nurses (all female)
- Two health care assistants
- 12 non-clinical members of staff including a practice manager, deputy practice manager, senior receptionist. Receptionists, IT facilitator, secretaries and clerical assistant.

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

Detailed findings

The practice's age distribution profile shows more patients than the national average in the over 40 age groups. Average life expectancy for the male practice population was 78 (national average 79) and for the female population 82 (national average 83).

46.8% of the practice patient population were recorded as having a long term health condition (CCG average 56.9% and national average 54%). In general a higher percentage can lead to an increased demand for GP services.

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. The 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.

How we carried out this inspection

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

- Is it safe?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the practice manager, secretarial and reception staff. We spoke with five patients, two of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 29 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a regular basis at partner meetings as a standard agenda item. However, although feedback from partners meetings and lessons learned from incidents and significant events was shared with the member of staff who had reported the incident it was not always shared with the rest of the staff team.

We reviewed safety records, incident reports national patient safety alerts and minutes of partners meetings where these were discussed. Trends and themes were identified and the majority of significant events were recorded on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. Patient safety alerts were received by the practice manager and cascaded to relevant staff for action.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient had received a letter from the practice to which a letter for another patient had been mistakenly attached. The practice contacted the patient whose confidentiality had been breached and issued an immediate apology to both patients. They also reviewed and strengthened their document management processes to ensure such an error did not recur.

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

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

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and a GP had been identified as the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held weekly multi-disciplinary clinical meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and the majority had received training relevant to their role. However, one of the GPs was due an update in level three training for children's safeguarding. The Intercollegiate Guideline entitled 'Safeguarding Children and Young People: roles and competencies for health care staff' recommends that GP's should be trained to level three.

- A notice in the waiting room advised patients that chaperones were available if required. This was updated daily so that patients and staff were aware of who was on chaperone duty that particular day. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and the practice regularly carried out infection control inspections
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely.
- A CCG pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Patient Group Direction allows registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor

Are services safe?

- We reviewed the personnel files of two recently employed non-clinical staff members and found that all necessary recruitment checks had been undertaken for staff prior to employment. A staff induction policy and checklist was also in place.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty.

Monitoring risks to patients

Risks to patients were generally assessed and well managed with the exception of those relating to fire safety:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had up to date fire risk assessments and fire alarm testing was carried out on a weekly basis. However, fire drills had not been carried out. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staffing levels were well managed practice staff, included GPs tried to cover for each other by increasing their working hours wherever possible. The practice did have to appoint locum clinical staff occasionally but when this was necessary an effective locum induction pack was in operation.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and emergency medicines were available
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which was reviewed and updated on an annual basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The implementation of such guidelines were discussed at monthly clinical meetings. The practice also had access to the Gateshead Information Network (GIN), hosted by the local clinical commissioning group which contained up to date, regularly reviewed policies and procedures for dealing with specific conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 93.1% of the total number of points available to them compared with the CCG average of 95.5% and national average of 94.7%. At 9.7% their clinical exception rate was comparable with the local CCG average of 8.9% and national average of 9.2% which suggested that the practice operated an effective patient recall system, where staff was focussed on following patients up and contacting non-attenders. 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 practice had obtained the maximum points available to them for a number of QOF indicators, including atrial fibrillation, chronic obstructive pulmonary disease, depression, epilepsy and heart failure
- The practice had scored below local and national averages in relation to asthma (73.6% compared to CCG average of 96.6% and national average of 97.4%). The practice manager told us that this was due to the fact that younger asthma patients failed to attend asthma review appointments despite several recall letters being issued.

- QOF date for 2014/15 showed that the practice had scored well below local and national averages for mental health related indicators (62.1% compared to CCG average of 92.7% and national average of 92.8%). Only 14.5% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan recorded in the preceding 12 months (CCG average 84.7% and national average 88.3%). The practice manager told us that patients with mental health conditions were often difficult to engage and failed to attend review appointments despite regular invitations being issued. As a result of this they were unable to record the relevant information required for QOF purposes. However, the practice's performance in this area had improved and staff told us that QOF results for 2015/16 that were yet to be published showed that 73% of the 77 patients on their register of patients with a mental health issue had an agreed care plan in place.
- The practice had obtained 87.8% of the points available to them for dementia (CCG average 95.3%, national average 94.5%) and 100% for depression (CCG average 94.5%, national average 92.3%).

The services offered by the practice included smoking cessation advice. The practice regularly referred patients to other advice and support services and hosted practitioners from mental health, drug and alcohol support services.

The practice was able to demonstrate that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits, including audits looking at the use of bisphosphonates, the insertion of intra uterine contraceptive devices, the use of folic acid during pregnancy and of two week wait referrals to hospital. Despite none of these audits being two cycle audits our GP specialist advisor was of the opinion that their content and investigation involved had led to improvements in patient care. However, there did not seem to be any system in place to determine topics for clinical audit.

The practice had a palliative care register and held monthly multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients and their families, which included anticipatory prescribing and end of life care planning.

Effective staffing

Are services effective?

(for example, treatment is effective)

The staff team included GPs, nursing, health care, managerial, reception, administration, clerical, IT, secretarial and apprentice staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff. However, this had not been recorded comprehensively on their staff training matrix and it was difficult to ascertain who had received what training and whether training requirements were up to date.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years 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). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of training plans. Staff were given protected time to undertake training and made use of e-learning training modules and in-house training to ensure they kept up-to-date with their mandatory training.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in operation.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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 regular basis and that care plans were reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability. The practice had identified 26 of their patients as having a learning disability. These patients were offered longer appointments if required but were not routinely offered an annual review.

The percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81.4% (national average 81.8%).

Childhood immunisation rates were comparable with local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 100% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 95.6% to 98.9% (compared to CCG range of 89.8% to 97.9%).

The practice did not routinely offer over 75 or NHS health checks. However, patients registering with the practice aged between 40 and 74 were offered a health check. The practice had carried out 22 such checks during the period October to December 2015.

Are services effective?

(for example, treatment is effective)

The practice regularly referred patients to support services and the local wellbeing 'Live Well Gateshead' service.

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.

We received 29 completed CQC comment cards, the majority of which were very complimentary about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than or comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 98% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group average of 96% and the national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 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%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

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

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patient satisfaction was above or comparable with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example, of the 113 patients who participated in the survey:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 92% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 93% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 85% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared to the CCG average of 87% and national average of 85%.

The practice had access to a translation service for patients who did not have English as a first language. The practice

Are services caring?

had a hearing loop and access to an interpretation/sign language service for patients with hearing difficulties. On the day of our inspection we witnessed a receptionist appropriately assisting a patient with hearing difficulties.

Patients with a learning disability were routinely offered longer appointments but were not routinely offered an annual health review.

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.

The practice pro-actively identified carers and ensured they were offered flu vaccinations and signposted to appropriate support services. However, carers were not routinely offered an annual health review. The practice were working with the local authority to identify young carers. At the time of our inspection the practice had identified 138 of their adult patients as carers and 13 younger patients as carers. This equates to approximately 1.79% of the practice patient population.

The practice had a system in place to ensure all staff were aware of patients who had recently suffered bereavement or had a serious health diagnosis so that they were able to offer additional advice and support when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them, including patients with a learning disability. However, these patients were not routinely offered an annual health review.
- The practice were participating in a home visit pilot to ensure that frail, housebound and hard to reach patients could be seen without delay. This ensured that home visits could be carried out up to 8pm on weekdays and from 9am to 2pm on a weekend
- The practice operated a ward round approach to visiting their patients resident in local care homes and had ensured that all care home patients had fully comprehensive care plans in place
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment with a GP the same day.
- The practice had increased the length of their appointment times as a result of feedback from patients
- There were disabled facilities and translation services available. The practice had a hearing loop and access to interpretation/sign language services for patients with a hearing difficulty
- All patient facilities were accessible to patients with a mobility issue. The practice had carried out alterations to their automatic doors as a result of patient feedback to ensure these were accessible to people in wheelchairs, prams or with double baby buggies
- The practice offered online services to book appointments and request repeat prescriptions.
- Patients were able to self-refer themselves to a physiotherapist employed by the local clinical commission group but based in the surgery.

Access to the service

The practice was open from 8.15am to 6pm on a Monday to Friday (with appointments being available from 8.30am to 11.30am and from 2.30pm to 5.20pm) and one Saturday morning per month. The appointment system offered by the practice enabled patients to pre book appointments up

to four weeks in advance. However, a number of appointments were also embargoed for release either 24 hours before the appointment or the same day enabling patients requiring urgent medical attention to be seen. One of the GPs would act as the 'on call' doctor on a daily basis to deal with requests for emergency appointments and would remain on duty until 6pm. The practice were also able to pre book patients appointments with a GP at one of three local extended access GP 'hubs' where they could be seen up to 8pm each weekday and from 9am to 2pm on a weekend.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was mixed with some results being lower and some higher than local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 39% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 68% and the national average of 65%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

The practice were aware of the areas where patient satisfaction was poor and had taken action to try and address these issues. For example, they had extended the length of their routine appointment time from 10 to 15 minutes to combat the issue of delays in patients being called in at their allocated appointment time.

Patients we spoke to on the day of the inspection and the vast majority of those that completed CQC comment cards told us that generally they were able to get a routine appointment within an acceptable period of time. We looked at appointment availability during our inspection and found that the next pre bookable appointment available with a practice GP was seven working days later.

Are services responsive to people's needs?

(for example, to feedback?)

However, a pre bookable appointment with a GP at one of the extended hour's hubs was available the following day. A routine appointment with a practice nurse was also available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Although there was no information on how to make a complaint in the practice waiting room we saw that this information was available on the practice website and

in the practice information leaflet which was available on request. However their complaints policy needed updating to include rights of escalation should a patients remain dissatisfied with the practice reponse to their complaint.

We looked at 11 complaints that the practice had received from 1 April 2015 to the date of our inspection. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. However, there was no evidence of an annual review of complaints or of trends and themes and lessons learned from complaints being shared with the entire staff team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was 'to provide high quality, evidence based, effective care for all of their patients delivered by a cohesive, happy team'. Staff who we spoke with were aware of the mission statement.

The practice did not have a formal business plan identifying aims and objectives for the future. The practice manager told us that issues such as succession planning and future developments were discussed during weekly clinical meetings or at partner meetings held away from the practice. However, there was no evidence of the wider workforce being involved in, or informed about planning for the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of some clinical audit activity which had led to improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Clinical staff meetings were held on a weekly basis. Non-clinical staff meetings were held on a quarterly basis and there was no evidence of whole staff group meetings.
- Staff told us there was an open culture within the practice and felt they had the opportunity to raise any issues as and when they occurred.
- Staff said they felt respected, valued and supported

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice used information from the NHS National GP Patient Survey and their friends and family test to gauge patient satisfaction. They were able to demonstrate that they responded to feedback from this survey. For example:

- 39% of respondents stated they usually wait 15 minutes or less after their appointment time to be seen (CCG average 68% and national average 65%). In response to this the practice had decided to increase the length of their standard appointment time to 15 minutes to resolve this issue.
- 70% of respondents were happy with the surgery opening hours (CCG average 79% and national average 75%). As the practice participate in the local extended access scheme (meaning that their patients can be seen by a GP up to 8pm weekdays and weekends at one of three hub sites) the practice feel that this feedback may mean that some patients are either unaware of this service or would still rather see their own GP. They therefore intend to further canvass patient opinion in relation to this and raise awareness of the extended access facility.

The practice had recently established a patient participation group who had held their first meeting in December 2015. The group had three members and priorities identified at the initial meeting were to raise awareness of the group and recruit additional members.

Continuous improvement

Are services well-led?

Good 

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

The practice was committed to continuous learning and improvement. The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Participating in a home visit pilot to ensure that frail, housebound and hard to reach patients could be seen without delay. This ensured that home visits could be carried out up to 8pm on weekdays and between 9am and 2pm on a weekend.
- The practice was part of a GP federation which ensured that patients had access to pre bookable GP appointments at three extended access hubs within the local area.
- The practice had formed a 'cluster' arrangement with other local practices to co-commission goods and services (for example vaccines and equipment maintenance and calibration) at a cheaper rate than could be achieved individually. Staff told us that this had resulted in a substantial saving for the practice.
- Practice staff looked for opportunities to share best practice and benchmark. For example, one of the GPs was a member of the safeguarding committee at a local hospital. Another was the chair of the local GP federation. The practice manager was a representative on the clinical commissioning group SIRMS user group.