

Ravensworth 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	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 Location name on 29 March 2017. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Reduce the risk of contamination of water systems by legionella bacterium by undertaking the regular monitoring actions recommended within the latest legionella risk assessment.
- Consider the development of a practice business plan to support them in delivering and improving the service offered.

Summary of findings

- Increase the opportunities for patients to feedback about their experiences of the service by setting up and maintaining an effective patient participation group.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Where the practice was below comparators, an action plan was in place to support improvement in these areas.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had attempted to form their own patient participation group (PPG), however, at the time of inspection there was not an active practice PPG.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. This included reviewing the needs of patients who are housebound and also have long-term conditions.
- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and above the national average. The practice achieved 93.3% of the points available. This compared to an average performance of 93.4% across the CCG and 89.8% national average. The practice's clinical exception rate for diabetes was 8.3%, which was below the CCG average of 11.8% and England average of 11.6%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- We found there were systems 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, there was extended opening hours on a Tuesday evening at Jarrow Medical Centre.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 80.9% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months. This was slightly lower than the national average 83.8%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, 95% of patients with schizophrenia, bipolar disorder and other psychosis had their alcohol consumption recorded within the preceding 12 months. This compared to 89.3% England average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP Patient Survey, published in date July 2016, showed the majority of patients were satisfied with their overall experience of the GP surgery (at 94.4%). This was higher than the local clinical commissioning group (CCG) average of 88.5% and the England average of 84.8%. There were 286 survey forms distributed for Ravensworth Surgery and 95 forms returned. This was a response rate of 33.2% and equated to 1.7% of the practice population.

Of those patients who responded:

- 89.1% found it easy to get through to this surgery by phone. This compared with the local CCG average of 79% and a national average of 73%.
- 87.6% found the receptionists at this surgery helpful. This compared with the CCG average of 89.2% and a national average of 86.8%.
- 88% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 85% and a national average of 85%.
- 98.3% said the last appointment they got was convenient. This compared with the CCG average of 93.9% and a national average of 91.8%.
- 87.7% described their experience of making an appointment as good. This compared with the CCG average of 77% and a national average of 73.3%.
- 74.8% felt they don't normally have to wait too long to be seen. This compared with the CCG average of 66.8% and a national average of 57.7%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, which were mostly positive about the standard of care received. Overall,

respondents used phrases such as lovely, clean, great service, great attitude, five star and absolutely excellent. Respondents described staff as helpful, excellent, and always putting the needs of patients at the forefront. They commented staff treated them with dignity and respect. There were three cards, which included comments about difficulty getting appointments. We also received two comment cards from staff. These included comments about how proud they were and how much they enjoyed working at the practice.

We spoke with one patient during the inspection, and received comments via email from another two patients. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice collected responses to the national friends and family test (FFT) and published the results on their website. However, this information had not been updated on the website recently. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The recent results were as follows:

- December 2016, 34 patients (100%) completing the test said they were either 'likely' or 'extremely likely' to recommend the service to family and friends.
- January 2017, 19 patients (86.4%) completing the test said they were either 'likely' or 'extremely likely' to recommend the service to family and friends.
- February 2017, 22 patients (88%) completing the test said they were either 'likely' or 'extremely likely' to recommend the service to family and friends.

Areas for improvement

Action the service SHOULD take to improve

- Reduce the risk of contamination of water systems by legionella bacterium by undertaking the regular monitoring actions recommended within the latest legionella risk assessment.

- Consider the development of a practice business plan to support them in delivering and improving the service offered.

Summary of findings

- Increase the opportunities for patients to feedback about their experiences of the service by setting up and maintaining an effective patient participation group.

Ravensworth Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a CQC staff member who was observing the inspection for their own personal development.

Background to Ravensworth Surgery

The Care Quality Commission registered Dr Sreeni Vis-Nathan/Dr Parvathy Bowes to provide primary care services.

The practice provides services to approximately just over 5,600 patients from two locations:

- Ravensworth Surgery, Horsley Hill Road, South Shields, Tyne And Wear, NE33 3ET.
- The Medical Centre, Wear Street, Jarrow, Tyne and Wear. NE32 3JN.

We visited these as part of this inspection.

Ravensworth Surgery is a medium sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS South Tyneside clinical commissioning group (CCG).

We previously inspected this practice on 2 June 2015, when Dr Sreeni Vis-Nathan was the provider of this service and registered as an individual with CQC. A new registration was

made in July 2015 when a new partner joined the practice. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Dr Sreeni Vis-Nathan on our website at www.cqc.org.uk.

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting a long-standing health condition is higher than the national average (practice population is 71.2% compared to a national average of 53.2%).

The practice was located in a building that had been adapted to meet patients' needs.

The practice had two GP partners (one male and one female), a salaried GP (female), two practice nurses (female), a practice manager, an assistant manager and a team of administrative and reception staff.

The Ravensworth Surgery is open on a Monday, Tuesday, Wednesday and Friday between 8:30am and 6pm, and on Thursday between 8:30am and 12noon. The practice is closed at weekends. The Medical Centre at Jarrow is open on a Monday, Wednesday, Thursday and Friday between 8:30am and 6pm, and on a Tuesday between 8:30am and 8pm. A local agreement is in place for the 111 and out of hours service to provide cover between 6pm and 6:30pm when the practice closes.

Detailed findings

GP appointments are normally available across both locations Monday to Friday between 8:30am and 11:30am, and 2pm and 4:30pm. These are extended hours appointments available at the Medical centre at Jarrow on a Tuesday evening. Phone lines are open 8:30am to 6pm.

The NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC), provide the service for patients requiring urgent medical attention out of hours.

Why we carried out this inspection

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, Healthwatch and NHS England, to share what they knew. We carried out an announced visit on 29 March 2017. During our visit we:

- Spoke with a range of staff (two GP partners, the salaried GP, a practice nurse, the practice manager, the assistant practice manager and three administrative staff.) We also spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and staff shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living with dementia).

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.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was 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).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice identified a trend of non-receipt of referrals for district nurse services, they introduced a phone call to check the district nursing team received and acknowledged all referrals.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and

vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to child protection or child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted a minor concern that the paper couch roll for the patient examination couch was stored on the floor at branch surgery at Jarrow Medical Centre. We highlighted this to staff who told us they would take action to ensure this did not happen in the future.
- We previously inspected the practice in June 2015, when the provider registration was different. During the June 2015 inspection, we found some out of date equipment at Jarrow Medical Centre. At the March 2017 inspection, we found the practice had made improvements, as we did not find any out of date equipment at either site.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high-risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular

Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, 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.

During the June 2015 inspection, we found the practice did not maintain a clear record of blank prescription forms, in line with guidance issued by NHS Protect. In March 2017, we found improvements to the records kept. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

The practice had improved their processes for recruiting staff since we last inspected in June 2015. During this inspection in March 2017, we reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- At the June 2015 inspection, we found although the practice did not have a legionella risk assessment in place, a date for this was planned. (Legionella is a term

for a particular bacterium, which can contaminate water systems in buildings). In March 2017, we found this had been carried out as planned. However, the practice had not carried out all the monitoring action recommended in the risk assessment. We highlighted this to the practice manager who told us they would take action to address this.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.
- At the June 2015 inspection, we found the practice should review the business continuity plan to ensure it reflected current arrangements. In March 2017, we found the practice had an up to date comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2015/16 showed the practice had achieved 96.3% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.3% and the same as the local clinical commissioning group (CCG) average of 96.3%. The practice had 7.5% clinical exception reporting. (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.) This compared to a CCG average of 10.1% and a national average of 9.8%.

This practice was not an outlier any QOF (or other National) clinical targets.

Data from 2015/16 showed;

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and above the national average. The practice achieved 93.3% of the points available. This compared to an average performance of 93.4% across the CCG and 89.8% national average. The practice's clinical exception rate for diabetes was 8.3%, which was below the CCG average of 11.8% and England average of 11.6%.
- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 98% across the CCG and

97.4% national average. The practice's clinical exception rate for asthma was 5.1%, which was below the CCG average of 7% and England average of 7%. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 71.3%, this compared to a national average of 75.6%.

- The percentage of patients with hypertension having regular blood pressure tests was below the national average. 84.7% of patients had a reading measured within the last nine months, compared to 82.9% nationally.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 95.5% of the points available. This compared to an average performance of 92.2% across the CCG and 92.8% national average. The practice's clinical exception rate for mental health indicators was 5.6%, which was below the CCG average of 15.4% and England average of 11.3%. For the practice, 91.9% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.8%. The practice had considered physical health needs for patients with mental health conditions. For example, 95% of patients with schizophrenia, bipolar disorder and other psychosis had their alcohol consumption recorded within the preceding 12 months. This compared to 89.3% England average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 80.9% (compared to a national average of 83.8%).

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring appropriate information was given to patients with diabetes prescribed oral hypoglycaemic agents

Are services effective?

(for example, treatment is effective)

(medicines that work by lowering glucose levels in the blood) in line with NICE guidance. The second data collection demonstrated all patients' notes reviewed documented that appropriate advice was given.

Information about patients' outcomes was used to make improvements such as:

- A review of prevalence rates to ensure the practice was appropriately diagnosing asthma.
- A review of all identified cases of cancer to check if appropriate referrals had been made within the two-week referral timescales.

Effective staffing

When we last inspected the practice in June 2015, we found not all staff had received training appropriate to their roles, for example, on fire safety and infection control. During the inspection in March 2017, we found the practice had taken steps to improve access to staff training. Staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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.
- We found that 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 professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.7%, which was slightly lower than the national average of 81.4%. Data from Public Health England for 2014/15 showed 51.2% of patients aged 60-69 had been screened for bowel cancer within the last 30 months. This was slightly lower than the CCG average of 56.5% and the England average of 87.8%. Similarly, 76.1% of women aged 50-70 were screened for breast cancer in the last 36 months. This compared to a CCG average of 76.3% and an England average of 72.5%.

We were unable to access data on childhood immunisations due to data problems. The practice was

exploring this issue with NHS England who collates and publishes this data. From the evidence we had we found childhood immunisations were carried out in line with the national childhood vaccination programme.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated they encouraged uptake of the screening programme as they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for 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

During our inspection, we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with or had email contact with three patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published, in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with, or higher than, the national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95.3% said the GP was good at listening to them compared to the local CCG average of 90.5% and national average of 88.6%.
- 96.1% said the GP gave them enough time compared to the local CCG average of 88.9% and national average of 86.6%.
- 99% said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 88% and the national average of 85.4%.

- 91.8% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 92% and the national average of 90.7%.
- 95.3% said they had confidence and trust in the last nurse they saw compared to the local CCG average of 97.8% and national average of 97.1%.
- 87.6% said they found the receptionists at the practice helpful compared to the local CCG average of 89.2% and national average of 86.8%.

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 positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey (July 2016) we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, but some of the results were slightly below local and national averages. For example:

- 84.5% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 88.2% and national average of 86%.
- 91.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81.8%.
- 86.4% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91.6% and the national average of 89.6%.
- 82.6% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85.3%.

The practice had developed an action plan to address areas where they performed lower than comparators.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that interpretation 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.
- The NHS e-referral service was used with patients as appropriate. (NHS e-referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or housebound

patients included signposting to relevant support and volunteer services. The practice nurse visited housebound patients for routine checks of long-term conditions to help ensure continuity of care and welfare of these patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement a condolence letter was sent from the practice, from their usual GP. This letter encouraged the family to contact the surgery should they require any support or bereavement counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population and had used this understanding to meet the needs of its population. Although the practice had not conducted a formal analysis of the needs of their population, they maintained a 'family GP practice' ethos and had good informal knowledge of the needs of their patients. The service had planned for the needs of the most vulnerable patients and discussed these regularly at multi-disciplinary meetings.

- The practice offered extended hours at the Jarrow Medical Centre on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. This included the practice nurse conducting home visits to review the needs of patients with long-term conditions who were house bound.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and referred patients to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The hearing loop was portable and was available at the Ravensworth Surgery. However, there was no notice to inform patients this service was available. There was no hearing loop available at the Jarrow Medical Centre.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, there was level access for all consulting and treatment rooms.
- During our June 2015 inspection, we found the doors at the Ravensworth Surgery were not automated and there was no doorbell or information about how to summon

support to gain entry. In March 2017, we noted the practice had improved these arrangements, and although the doors were still not automated, there was now a bell available and a notice displayed to inform patients they could alert staff using the bell, where they needed assistance to access the building.

- The practice had made contact with a local school and were planning work to improve health promotion and education to pupils. They were also keen to promote medicine as a career for pupils and were investigating the opportunity for work experience within the practice for those pupils who were considering this.

Access to the service

The Ravensworth Surgery was open on a Monday, Tuesday, Wednesday and Friday between 8:30am and 6pm, and on Thursday between 8:30am and 12 noon. The Jarrow Medical Centre was open on a Monday, Wednesday, Thursday and Friday between 8:30am and 6pm, and on a Tuesday between 8:30am and 8pm.

Appointments were normally available from 8:30am to 11:30am every morning and between 2pm and 4:30pm every afternoon. Although the Ravensworth Surgery was closed on a Thursday afternoon, appointments were available at the Jarrow Medical Centre. Extended hours appointments were offered on a Tuesday evening at Jarrow Medical Centre until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey, published in July 2016, with how satisfied patients were with how they could access care and treatment, were broadly in line with national and local clinical commissioning group averages.

- 88% were able to get an appointment to see or speak to someone the last time they tried. This compared with the local CCG average of 85% and a national average of 85%.
- 98.3% said the last appointment they got was convenient. This compared with the local CCG average of 93.9% and a national average of 91.8%.
- 73% of patients were satisfied with opening hours. This compared with the local CCG average of 81% and a national average of 75.9%.
- 89.1% found it easy to get through to this surgery by phone. This compared with the local CCG average of 79% and a national average of 73%.

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

- 87.7% described their experience of making an appointment as good. This compared with the local CCG average of 77% and a national average of 73.3%.
- 74.8% felt they don't normally have to wait too long to be seen. This compared with the local CCG average of 66.8% and a national average of 57.7%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We reviewed routine appointment availability on the day of the inspection and found appointment availability within two working days.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters in reception areas telling people how they could make a complaint.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, and with openness and transparency. However, the practice did not always inform complainants what they could do if they remained dissatisfied following the outcome of their complaint. Lessons were learned from individual concerns and complaints, and from analysis of trends, and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision; this was stated within the statement of purpose. The vision was 'to deliver a high level of medical care to all of the registered patients in a clean, suitably equipped environment, in a flexible and innovative way, to meet patient's choice and to reflect changing political and economic circumstances'.
- Staff told us they knew and understood what the practice was committed to providing and what their responsibilities were in relation to these aims. They all told us they put the patients first and aimed to provide person-centred care. We saw that the regular staff meetings helped to ensure the vision and values were being upheld within the practice.
- Practice development sessions were held annually and were attended by the GPs and the practice manager. These meetings were used to review any changes that needed to be made to take account of contractual changes in the GP contract, to reaffirm what the practice did well, what its priorities were for the year ahead, and what changes needed to be made to make further improvements to patient outcomes.
- However, the practice did not have a documented business plan to support them in delivering and improving the service offered.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, partners held responsibility for reviewing and actioning incoming hospital correspondence and test results. There was a lead nurse for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were discussed during practice meetings.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through surveys, suggestion boxes and other ad hoc patient feedback. In addition, the NHS Friends and Family test, complaints and compliments received. They had analysed all patient feedback received and developed an action plan to help them improve the areas identified.
- Staff through team away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

The practice had attempted to form their own patient participation group (PPG), however, at the time of inspection there was not an active practice PPG. They continued to encourage patients to sign up to a group, with information about this displayed in the reception areas and on the practice website.

The practice had been nominated for a GP practice award from a local newspaper. Kings College London had also contacted them because of the high percentage of patients who had responded with the highest overall satisfaction rating available of 'very good' to the National GP Patient survey, over a number of years. The practice had agreed to participate in a study to analyse this data further.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of multi-disciplinary work to ensure they met the needs of patients most at risk of hospital admission.

The practice had purchased a piece of portable technology, which enabled them to undertake an electrocardiogram using smart phone technology.