

# The Adderlane Surgery

## Quality Report

Adderlane Surgery  
Prudhoe  
Northumberland  
NE42 5HR

Tel: 01661 836386

Website: [www:adderlanesurgery.nhs.uk](http://www.adderlanesurgery.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?

Requires improvement



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 Adderlane Surgery on 10 October 2017. Overall, the practice is rated as good.

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

- There was an effective system for reporting, recording and learning from significant events.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion.

- Patients reported high levels of satisfaction with the quality of care and treatment they received. Results from the NHS National Patient Survey showed patients were treated with compassion, dignity and respect, and were involved in their care and decisions about their treatment.
- Patient satisfaction with access to appointments was very high. Patients we spoke with said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available on the same day.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were a strong and cohesive staff team, with high levels of staff satisfaction.

We also saw an area of outstanding practice:

- Feedback from patients about opening hours, access to appointments and the quality of their care and

# Summary of findings

treatment, was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, placed the practice in the top 10 best performing surgeries in the North East and in the top 110 surgeries nationally. Data from the survey showed patients rated the practice significantly higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years.

The areas where the practice must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

There were also areas where the provider should make improvements. The provider should:

- Introduce a structured approach to reviewing clinical guidelines from the National Institute for Health and Care Excellence (NICE).

- Review the arrangements for identifying and designating lead roles to ensure they are effective in meeting the needs of the practice.
- Consider developing a clear structured approach to the triaging of the clinical needs of patients who are requesting home visits and introduce arrangements for carrying out regular reviews of the reasons for referring patients to secondary care services.
- Keep their carer register up-to-date and consider providing patients who are also carers with annual screening for depression, as well as an annual healthcare check.
- Consider providing annual health checks for patients aged over 75 years of age.
- Develop a business plan to help drive improvements.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there were areas where they must make improvements.

- There was an effective internal system for reporting on and learning from significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with relevant staff to support improvement. Internal significant events were not usually shared outside of the practice with external agencies.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- Arrangements were in place to respond to emergencies and major incidents.
- The practice had safety systems and processes in place to help keep patients and staff free from harm. However, the practice's infection control arrangements were not sufficiently rigorous. Specifically, the practice had not carried out a comprehensive infection control audit, to help them assess potential areas of risk.
- There were shortfalls in the practice's arrangements for monitoring some risks to patients. Specifically, a health and safety risk assessment had not been carried out and the provider had not checked whether staff were up-to-date with routine immunisations.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the practice had obtained 91.5% of the total points available to them for providing recommended care and treatment. This was similar to the local clinical commissioning group (CCG) average of 98.2% and the England average of 95.4%. (QOF is intended to

**Good**



# Summary of findings

improve the quality of general practice and reward good practice.) Recently published data for the practice confirmed that, for the 2016/17, they had attained an improved QOF score of 93.4%.

- The practice had a comprehensive screening programme, and had performed above, or similar to, the national averages in relation to breast, bowel and cervical screening.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance. However, the practice did not have a structured approach to reviewing and discussing NICE guidelines, and they were not carrying out regular reviews of the reasons for referring patients to secondary care services.
- Quality improvement activities, including clinical audits, were carried out to improve patient outcomes.
- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients about access to appointments and the quality of their care and treatment was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, placed the practice in the top 10 best performing surgeries in the North East and in the top 110 surgeries nationally. Data from the survey showed patients rated the practice significantly higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years. For example, 100% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.
- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and those who had completed a Care Quality Commission comment card, were very happy with the quality of the care and treatment they received from clinical staff.
- Information for patients about the range of services provided by the practice was available and easy to understand.

Good



# Summary of findings

- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment. However, the number of patients on the practice's carers' register was lower than expected.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations in planning how services were provided, to ensure they met patients' needs. Services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding access to appointments, were much higher than the local CCG and national averages. The practice had performed very strongly when compared to other practices in their local CCG area. For example, 98% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 84%. On the day of the inspection, feedback from patients about access to appointments was also very positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients had access to home visits. However, the practice did not have a formal, structured approach regarding how the clinical needs of patients requesting home visits were assessed.
- Information about how to complain was available and easy to understand. There was evidence the practice responded in a timely manner to the issues raised with them.

## Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, the provider did not have a recorded business plan to help staff drive improvements in line with their vision.
- Some aspects of the practice's governance arrangements did not fully support the delivery of safe care.
- There was a clear leadership structure and staff felt valued by the two GP partners and practice manager. Staff were clear about their roles and responsibilities and felt very well supported to carry these out.

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- The practice had a patient participation group (PPG) from which they sought feedback about the service.
- The provider was aware of, and had complied with, the Duty of Candour regulation. The GP partners and practice manager encouraged a culture of openness and honesty, and ensured lessons were learned following significant events.
- There was a focus on, and commitment to, continuous learning and improvement. For example, staff had carried out a range of clinical and quality improvement audits, to help improve patient outcomes.

# 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.

Good



- The Quality and Outcome Framework (QOF) data, for 2015/16, showed the practice had performed either above, or similar to, most of the clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Home visits were provided for those who needed them. However, older patients over 75 years of age were not offered an annual healthcare check.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed. The practice team participated in the local High Risk Patient Pathway, to help reduce unplanned admissions into hospital for patients with the most complex needs.

### People with long term conditions

Good



- The practice nurse had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had obtained 97% of the overall points available to them for providing recommended care and treatment to patients with diabetes. Performance for the diabetes related indicators was higher than most of the national averages. For example, the percentage of patients with diabetes, in whom the last blood pressure reading, in the period during the period from 1 April 2015 to 31 March 2016, was 140/80 mmHg or less, was higher when compared to the England average (84.6% compared to 77.6%).
- Patients with long-term conditions were offered annual reviews, to check that their health needs were being met and they were receiving the right medication. Consultation times for annual healthcare reviews were flexible to meet each patient's specific needs. Structured clinic times were, however, provided for patients with diabetes.
- Longer appointments and home visits were available when needed.



# Summary of findings

- The clinical team met regularly with other healthcare professionals to discuss and manage the needs of patients with complex medical issues.

## Families, children and young people

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

- There were systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular 'supporting families' meetings were held, where the needs of any vulnerable patients were discussed. Staff had completed appropriate child and adult safeguarding training. Appointments were available outside of school hours and the practice's premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group when, for example, providing ante-natal and post-natal care.
- The practice had a comprehensive screening programme. Nationally reported information showed the practice's performance was comparable with the national averages. For example, the uptake of cervical screening by females aged between 25 and 64, attending during the target period, was in line with the national average, 83.4% compared to 81.8%.
- The practice offered a full range of childhood immunisations and immunisation rates were relatively high for all standard childhood immunisations. For example, the practice had achieved 100% coverage in relation to 13 of the 18 immunisations given to children under five.

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 practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of their patients.
- Patients were able to use on-line services to request prescriptions.
- The practice did not provide access to appointments outside of their core contract hours. However, patients were able to access the local out-of-hours service.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held registers of patients living in vulnerable circumstances, including those with learning disabilities, so clinical staff could take this into account when providing care and treatment to these patients. Patients with learning disabilities were provided with access to an annual review of their needs to help ensure they were receiving the support they needed.
- Practice meetings were held to review the needs of end of life patients, to help ensure they were receiving appropriate care and support.
- Systems were in place to protect vulnerable children and adults from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients. Staff were aware of how to contact relevant agencies in normal working hours and out-of-hours.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

## 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).

Good



- The practice had obtained 90.1% of the overall points available to them for providing recommended care and treatment to patients with mental health needs. Performance for the mental health related indicators was variable when compared to the national averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2015 to 31 March 2016, was higher when compared with the England average (100% compared to 89%). The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range, during the proceeding four months, was lower when compared to the England average (50% compared to 89.8%).
- The practice had also obtained 89.7% of the overall points available to them for providing recommended care and

# Summary of findings

treatment to patients with dementia. The QOF data also showed that 70.6% of patients diagnosed with dementia, had their care reviewed in a face to face meeting, during the last 12 months, which was below the national average of 83.8%.

- Recently published QOF data, for 2016/17, provided evidence that the practice had improved their performance in relation to these concerning clinical indicators.
- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 31 completed comment cards and these were very positive about the standard of care and treatment provided. Words used to describe the service included: very good; always approachable; excellent; knowledgeable; very helpful; clean and tidy; friendly, helpful and caring; brilliant; understanding; respectful; courteous and kind. However, two patients told us they sometimes felt the reception area was not very private.

The practice had recently carried out a survey to obtain the views of patients with learning disabilities and their carers, regarding the quality of the care and treatment they received. Patients reported high levels of satisfaction, and the practice had received very positive feedback from a local social services senior professional, regarding the support they provided.

We spoke with eight patients, including a member of the practice's patient participation group. Feedback about the way staff treated patients was very positive. Patients were very complimentary about the care and treatment clinical staff provided, and said they felt listened to and involved in their care. They also told us the practice was clean and hygienic.

Data from the NHS National GP Patient Survey of the practice, published in July 2017, showed patient satisfaction levels regarding the quality of GP and nurse consultations, telephone access and appointment availability, were much higher than all of the local clinical commissioning group (CCG) and national averages. The practice had performed very strongly. Of the patients who responded to the survey:

- 96% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 100% had confidence and trust in the last GP they saw, compared to the local CCG average of 97% and the national average of 95%.
- 98% said the last GP they saw was good at listening to them, compared to the local CCG average of 91% and the national average of 89%.
- 99% said the last GP they saw or spoke to treated them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 100% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 100% said the last nurse they saw was good at listening to them, compared to the local CCG average of 94% and the national average of 91%.
- 99% said the last nurse they saw or spoke to treated them with care and concern, compared to the local CCG average of 93% and the national average of 91%.
- 100% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.
- 96% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.
- 98% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 96% found it easy to get through to the surgery by telephone, compared to the local CCG average of 77% and the national average of 73%.
- 93% said they would recommend this surgery to someone new to the area, compared to the local CCG average of 81% and the national average of 78%.

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- 89% said they were satisfied with the surgery's opening hours, compared to the local CCG average of 75% and the national average of 76%.

(234 surveys were sent out. There were 106 responses which was a response rate of 45%. This equated to 5.2% of the practice population.)

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

### Action the service **SHOULD** take to improve

- Introduce a structured approach to reviewing clinical guidelines from the National Institute for Health and Care Excellence (NICE).
- Review the arrangements for identifying and designating lead roles to ensure they are effective in meeting the needs of the practice.

- Consider developing a clear structured approach to the triaging of the clinical needs of patients who are requesting home visits and introduce arrangements for carrying out regular reviews of the reasons for referring patients to secondary care services.
- Keep their carer register up-to-date and consider providing patients who are also carers with annual screening for depression, as well as an annual healthcare check.
- Consider providing annual health checks for patients aged over 75 years of age.
- Develop a business plan to help drive improvements.

## Outstanding practice

- Feedback from patients about access to appointments and the quality of their care and treatment was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, placed the practice in the top 10 best performing surgeries in the North East and in the top 110 surgeries nationally. Data from the

survey showed patients rated the practice significantly higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years.

# The Adderlane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience.

## Background to The Adderlane Surgery

The Adderlane Surgery is located in the Prudhoe area of Northumberland and provides care and treatment to 2,006 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG). We visited the following location as part of the inspection:

The Adderlane Surgery, Adderlane Road, Prudhoe, Northumberland, NE42 5HR.

The practice serves an area where, overall, deprivation is lower than the England average. However, the provider told us that over 600 of the practice's patients live in an area where there is significant deprivation. In general, people living in more deprived areas tend to have a greater need for health services. The Adderlane Surgery has fewer patients aged under 18 years of age, and more patients over 65 years, than the England average. The percentage of people with a long-standing health condition is above the England average, but the percentage of people with caring responsibilities is below this. Life expectancy for women and men is similar to the England average. National data showed that 1.4% of the population are from non-white ethnic groups.

The practice occupies a purpose built single storey building. Disabled access is provided via a ramp at the front of the premises. The practice has two GP partners (one male and one female), a practice nurse (female), a part-time practice manager and three administrative staff.

The practice is open as follows:

- Monday and Tuesday between 8:30am and 12:30pm and 2pm and 6pm.
- Wednesday and Friday between 8:30am and 12 noon and 3.30pm and 6pm.
- Thursday between 8:30am and 1pm.
- Friday between 8:30am and 12 noon and 3:30pm and 6pm.

Arrangements have been put in place to provide cover between 6pm and 6:30pm. The practice is closed at weekends.

The practice provides a mixture of open access surgeries and booked appointment surgeries. Surgery times are between 8:50am and 10am each weekday morning and between 4pm and 5:30pm on a Monday, Tuesday, Wednesday and Friday. Telephone consultations are provided daily between 11:30am and 12 noon each morning.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

## Why we carried out this inspection

We previously carried out a comprehensive inspection of this service, in 2014, under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions.

# Detailed findings

The practice was rated as good following that inspection. We have carried out this inspection because there is a new provider and we to check whether they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also need 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 to share what they knew. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff, including both of the GP partners, the practice manager, the practice nurse, and all of the administrative staff. We also spoke with eight patients, including a member of the practice's patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Staff had identified and reported on eight significant events during the previous 12 months. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. For example, following one significant event, where a patient had not been promptly informed about the outcome of a significant blood test result, the practice had introduced a new work-flow system to help prevent this from happening again. All significant events were discussed at the time of the incident and during practice meetings, to promote shared learning. Significant events were discussed with non-clinical staff when the outcome was relevant to their roles and responsibilities. The practice also carried out an annual review of all significant events, to help identify common themes and trends.
- The practice's approach to the handling and reporting of significant events ensured the provider complied with their responsibilities under the duty of candour regulation. (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.)
- The practice had reported two patient safety incidents via the local Safeguard Incident Risk Management System (SIRMS). (This 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.) However, none of the incidents that the practice had treated as significant events had been reported via SIRMS. Using SIRMS in this way can be used to feedback information on trends, learned lessons and actions taken.
- The practice had an effective system which helped ensure that an appropriate response was made to the safety alerts they received. An electronic log was kept of all alerts received and what action the practice took in relation to these. We looked at a recent safety alert and saw that an appropriate response had been made.

### Overview of safety systems and processes

The practice had safety systems and processes in place to help keep patients and staff free from harm. However, their infection control arrangements were not sufficiently rigorous. Specifically, the practice had not carried out a comprehensive infection control audit, to help them assess potential areas of risk. The sharps disposal bins in the consultation and treatment rooms had not been signed or dated by the assembler, to help enable traceability to source and removal from use after three months. The flooring in the treatment room was partially carpeted, making it more difficult for staff to clean following a spillage. Also, the practice was unable to provide us with assurance that their staff were up-to-date with their routine immunisations.

Otherwise, the practice's arrangements for ensuring safety were thorough. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place, and staff had access to best practice guidance and relevant contact details. One of the GP partners acted as the safeguarding lead for the practice, providing advice and guidance to their colleagues as and when necessary. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. For example, regular children and family multi-agency meetings were held, to monitor vulnerable patients and share information about risks. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training. Arrangements had been made for new staff to complete appropriate safeguarding training.
- Chaperone arrangements to help protect patients from harm. Following our previous inspection in 2014, we asked the provider to ensure that staff who undertook chaperone duties received appropriate training. During this inspection we found all staff who acted as chaperones had been trained for the role. They had also undergone 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



## Are services safe?

chaperone service was advertised on posters displayed in the waiting area and, patients who commented on this on the day of the inspection, confirmed they had been offered a chaperone.

- Most systems and processes for managing medicines, including emergency drugs and vaccinations, helped keep patients safe. Patient Group Directions (PGD) had been adopted by the practice to enable nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Staff carried out daily temperature checks of the vaccine refrigerators and kept records of these. Arrangements were in place to monitor the distribution of prescription stationary to individual prescribers and the printers. However, the records of the receipt of prescription stationary into the practice did not fully comply with the guidance issued by NHS Protect. The practice manager told us they would address this immediately following the inspection. We looked at a sample of records of patients who had been prescribed high-risk medicines (medicines that require the patient has regular blood testing or other monitoring to ensure it remains safe to continue prescribing them). We found the majority of patients had undergone appropriate testing prior to prescribing. However, two patients had not. We were able to confirm that, following the inspection, arrangements had been put in place to address this.
- Having an identified infection control lead, who maintained an overview of compliance with the practice's infection control standards. The practice had infection control protocols in place and these could be easily accessed by staff. Staff had completed infection control training appropriate to their roles and responsibilities. Overall, the practice was visibly clean and hygienic throughout. However, the carpet in the patient waiting area looked unclean. The provider told us the carpet was not unclean, but discoloured and that it was cleaned four times a week and deep-cleaned once a year. We asked the provider to consider whether the carpet should be replaced. The provider told us they had audited their infection control arrangements in the previous 12 months in relation to the minor surgery procedures they carried out. They had also completed a cleaning audit.

- Carrying out of periodic checks to make sure clinicians continued to be registered with their professional regulatory body. In addition, our review of records confirmed that appropriate indemnity cover was in place for both GP partners and the practice nurse. (Recruitment records of permanent staff were not checked as there had been no turnover since our last inspection, with the exception of a receptionist who had previously worked at the practice). A small number of GP locums had worked occasional shifts at the practice, i.e. two or three times a year, since before the practice's registration in 2013. We looked at the employment records of the GP locum that had mostly recently provided cover. We found there were some gaps in the employment checks that had been carried out. The practice manager told us they would take immediate steps to address this concern.

### Monitoring risks to patients

There were shortfalls in the practice's arrangements for monitoring some risks to patients. Specifically, a health and safety risk assessment had not been carried out. This meant some potential risks had not been fully assessed such as, for example, the risks to the safety and security of staff when lone-working.

Otherwise, arrangements were in place to monitor risks to patients. For example:

- There was evidence that specific risk assessments had been carried out. These included a fire risk assessment, a legionella risk assessment and an assessment of the risks posed by substances hazardous to health. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) Also, the practice kept an accident book for logging incidents. All staff had completed fire safety training.
- The practice had arranged for all clinical equipment to be serviced and, where appropriate, calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire systems such as the alarms and fire extinguishers. However, the practice manager was unclear about the arrangements for testing and servicing the emergency lights. They took immediate action to address this during the inspection. Also, a fire drill had not taken place during the previous 12 months. The provider had discussed the

## Are services safe?

appropriateness of carrying out fire drills with their local fire department. They told us that on the basis of this discussion, they had decided that fire drills were unnecessary because of the layout of the premises and staff's awareness of how to respond in the event of a fire. The outcome of this discussion had not been recorded in the practice's fire risk assessment.

- The practice had taken action to help ensure they had sufficient doctors to meet patients' needs. The doctors covered each other's holidays, and locum staff were occasionally used to cover gaps in the GP rotas. The practice nurse told us they had sufficient time to carry out their allocated roles. We asked the provider to consider whether some of the gaps we identified during the inspection, such as the lack of an infection control audit and the absence of annual health checks for the patients aged over 75 years of age, were a result of there being too few practice nurse hours. The provider responded constructively to this comment and said they would give it further consideration. Non-clinical staff had allocated roles, but were also able to carry out all duties required of administrative staff. They told us they had sufficient time to carry out the duties expected of them.

### **Arrangements to deal with emergencies and major incidents**

The practice had made appropriate arrangements to deal with emergencies and major incidents.

- Arrangements had been put in place 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. Staff had completed basic life support training, to help them respond effectively in the event of an emergency. Clinicians had access to emergency medicines and knew of their location. All emergency medicines and equipment we checked were in date and suitable for use. Arrangements were in place to monitor expiry dates of medicines kept in the doctors' bags.
- Following our previous inspection in 2014, we asked the provider to ensure staff had access to a working defibrillator and a supply of oxygen. At this inspection, a working defibrillator and adult pads were available on the premises. Paediatric defibrillator pads were not available. Staff also had access to a supply of oxygen for use in an emergency.
- The practice had a business continuity plan in place for major incidents. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site. The plan included emergency contact numbers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. For example:

- Clinicians had access to alerts about new National Institute for Health and Care Excellence (NICE) guidance and we saw evidence that some of the audits they carried out were related to NICE guidance. However, the practice did not have arrangements for ensuring there were opportunities for clinicians to review and discuss changes to updated NICE guidance.
- Patients received a full assessment of their clinical needs and mental and physical wellbeing.
- The number of antibiotics prescribed per thousand registered patients was consistently below the national average, as was the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones.
- We saw no evidence of discrimination when clinicians made care and treatment decisions.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the practice had obtained 91.5% of the total points available to them for providing recommended care and treatment. This was below the local clinical commissioning group (CCG) average of 98.2%, but similar to the England average of 95.4%. (QOF is intended to improve the quality of general practice and reward good practice.) Although not yet published the practice was able to confirm that, for 2016/17, they had attained an improved QOF score of 93.4% for providing recommended care and treatment.

- The QOF data, for 2015/16, showed the practice had obtained 97% of the overall points available to them for providing recommended care and treatment to patients with diabetes. Performance for the diabetes related indicators was higher than most of the national averages. For example, the percentage of patients with

diabetes, in whom the last blood pressure reading, during the period from 1 April 2015 to 31 March 2016, was 140/80 mmHg or less, was higher when compared to the England average (84.6% compared to 77.6%).

- The QOF data, for 2015/16, showed the practice had obtained 90.1% of the overall points available to them for providing recommended care and treatment to patients with mental health needs. Performance for the mental health related indicators was variable when compared to the national averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2015 to 31 March 2016, was higher when compared with the England average (100% compared to 89%). The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range, during the proceeding four months, was lower when compared to the England average (50% compared to 89.8%). However, the recently published QOF data, for 2016/17, indicated the practice had obtained 100% of the points available to them for this clinical indicator.

The QOF data, for 2015/16, showed that the practice had performed significantly below the local CCG and national averages, in relation to the clinical indicator for palliative care. They had achieved only 50% of the total points available to them. The practice had also performed significantly below the local CCG and national averages in relation to three public health indicators. They had achieved only 53.3% of the points available to them for cardiovascular disease, 57.1% for contraception and 70% for smoking. However, during this inspection, we were able to confirm that the unpublished QOF data, for 2016/17, indicated the practice had significantly improved their QOF performance in all these areas, apart from the smoking indicator, where the practice's performance was still below the local CCG and national averages.

The practice's exception reporting rate, at 6%, was 4.3% below the local CCG average and 3.8% below the England average. (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.)

# Are services effective?

## (for example, treatment is effective)

Staff were proactive in carrying out quality improvement activities, including the completion of seven clinical audits over the previous two years. Some of the audits we looked at were complete two-cycle audits, whilst others were single cycle audits, with a recommendation to re-audit at a later stage. Clinical audits carried out included: looking at whether antibiotics had been appropriately prescribed for patients with an ear infection; the use of aspirin in patients with atrial fibrillation, and the carrying out of blood tests for patients who had undergone bariatric procedures (surgery performed on patients who have obesity). The completed two-cycle audits were relevant and showed learning points and improvements in patient care. There was evidence that clinical audit outcomes had been shared with GP and nursing staff during practice meetings, to help promote shared learning.

Quality improvement audits had also been carried out. The practice nurse carried out yearly audits of the cervical smears they completed, to help maintain their level of competency. Regular audits of the minor surgery carried out at the practice were also completed. The practice had used a dementia toolkit to help them identify patients who might have a diagnosis of dementia, where no formal diagnosis had been made. This use of this toolkit was repeated on a yearly cycle.

In addition, the practice had completed various prescribing audits to help improve prescribing performance. Information supplied by the practice during the inspection showed that their total prescribing spend per patient was lower than most practices within the local CCG.

However, there were no formal arrangements in place for carrying out regular reviews of the reasons for referring patients to secondary care services, even though the practice's referral rates were higher than those of other practices within the local CCG.

### Effective staffing

Staff had the skills, knowledge and experience needed to deliver effective care and treatment.

- The practice had arrangements in place to provide staff with an induction that was relevant to their roles and responsibilities. One non-clinical member of staff had been appointed since our last inspection in 2014. We were shown evidence confirming that an appropriate induction had been provided for this member of staff.

The practice manager told us the induction programme for a new clinical member of staff would be developed to meet their individual needs and role within the surgery.

- The practice could demonstrate how they ensured role specific training. The practice nurse had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. For example, they had recently undertaken training in asthma care (including for children), inhaler technique and smoking cessation. They had also completed training updates in immunisation and cervical screening.
- All staff made use of e-learning training modules, to help them keep up-to-date with their mandatory training.
- Staff had received an annual appraisal of their performance during the previous 12 months. The practice nurse told us they received regular clinical supervision at the practice, but did not have the time within her working day to attend local practice nurse meetings. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

### Coordinating patient care and information sharing

- The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.
- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- It was evident staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005). However, although one of the GP partners had attended a MCA learning based event at a local hospital, the other two clinicians had not completed training in the use of the MCA or the deprivation of liberty safeguards. Plans were in place to address this.
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

### Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Overall, patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. However, the practice did not offer annual healthcare checks for patients aged over 75 years of age.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. Their performance was comparable with the national averages in relation to breast, bowel and cervical screening. Data showed:

- The uptake of breast screening by females aged between 50 and 70, during the last 36 months, was comparable with the national average, 69.9% compared to 72.2%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the last 30 months, was above the national average, 61% compared to 57.9%.
- The uptake of cervical screening by females aged between 25 and 64, attending during the target period, was above the national average, 83.4% compared to 81.8%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

The practice offered a full range of childhood immunisations. The immunisation rates for the vaccinations given to children under two years old, during 2015/16, ranged from 94.7% to 100%. For five year olds, the immunisation rates ranged from 92.9% to 100%. The practice had achieved 100% coverage in relation to 13 of the 18 immunisations given to children under five.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Feedback from people who use the service was continually positive about the way that staff treated them. Staff were highly motivated to offer care that was kind and promoted patients' dignity. There was a strong, visible, person-centred culture.

- Throughout the inspection staff were very courteous and always helpful to patients who attended the practice, or contacted it by telephone.
- We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. There was information in the reception area informing patients that a private room would be made available if they needed to discuss a confidential matter.
- Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 31 completed comment cards and these were very positive about the standard of care and treatment provided. Words used to describe the service included: very good; always approachable; excellent; knowledgeable; very helpful; clean and tidy; friendly, helpful and caring; brilliant; understanding; respectful; courteous and kind. However, two patients told us they sometimes felt the reception area was not very private.

The practice had recently carried out a survey to obtain the views of patients with learning disabilities and their carers, regarding the quality of the care and treatment they received. Patients reported high levels of satisfaction, and the practice had received very positive feedback from a local social services senior professional, regarding the support they provided to these patients.

We spoke with eight patients, including a member of the practice's patient participation group. Feedback about the way staff treated patients was very positive. Patients were

very complimentary about the care and treatment clinical staff provided, and said they felt listened to and involved in their care. They also told us the practice was clean and hygienic.

Feedback from patients about the quality of their care and treatment was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, placed the practice in the top 10 best performing surgeries in the North East and in the top 110 surgeries nationally. Data from the survey showed patients rated the practice significantly higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years. Of the patients who responded to the survey:

- 96% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 100% had confidence and trust in the last GP they saw, compared to the local CCG average of 97% and the national average of 95%.
- 98% said the last GP they saw was good at listening to them, compared to the local CCG average of 91% and the national average of 89%.
- 99% said the last GP they saw or spoke to treated them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 100% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- 100% said the last nurse they saw was good at listening to them, compared to the local CCG average of 94% and the national average of 91%.
- 99% said the last nurse they saw or spoke to treated them with care and concern, compared to the local CCG average of 93% and the national average of 91%.
- 100% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

## Are services caring?

The practice had also received very positive feedback from the Friends and Family Test (FTT) surveys returned to the surgery. The practice had recently carried out an audit to review feedback from all FTT surveys received since September 2014. This showed that 89% of patients (119) were likely to recommend the practice to family and friends. All of the comments received by the practice were very positive, referring to staff as: understanding; always put themselves out for you; lovely and helpful; caring and patient.

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

Patients told us clinical staff involved them in decisions about their care and treatment. Data from the NHS National GP Patient Survey of the practice showed patient satisfaction levels in these areas were much higher than all the local CCG and national averages. In particular, the practice had performed very strongly when compared to other practices in their local CCG area. Of the patients who responded to the survey:

- 96% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 90% and the national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 86%, and the national average of 82%.
- 98% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 92% and the national average of 90%.

- 97% said the last nurse they saw was good at explaining tests and treatments, compared to the local CCG average of 88% and national average of 85%.

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

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, clinical staff carried out home visits to offer support.

Staff demonstrated a commitment to supporting patients who were also carers.

Staff maintained a register of these patients, to help make sure they received appropriate support and, referral where appropriate, to the local carers' support group. Because staff were longstanding and the practice list size was small, they knew their patients and families very well. This was very evident on the day of the inspection with staff greeting patients by their first name and warmly welcoming them. However, there were only ten patients on the register, which equated to 0.5% of the practice's population. One of the GP partners told us they were sure they had more patients who were also carers, and that this low percentage might potentially be due to staff omitting to document the appropriate READ code on patients' medical records, to indicate their carer status. The practice agreed to take immediate action to address this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Overall, services were tailored to meet the needs of individual people and were delivered in a way that provided flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Coordinating care and treatment with other services, for patients with multiple long-term conditions (LTCs) and patients approaching the end of life. Patients with a LTC were offered an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs. The practice met regularly with other healthcare professionals to discuss and manage patients with complex medical conditions. Multi-disciplinary meetings were held to review patients approaching the end of their life, to help ensure they were receiving appropriate care and support.
- Providing all patients over 75 years of age with a named GP who was responsible for their care. Home visits were undertaken in response to patients' needs, including for those patients living in local care homes. The practice participated in the local clinical commissioning group (CCG) High Risk Patient Pathway, to help reduce unplanned admissions into hospital. Emergency care plans had been put in place for those patients considered to be most at risk.
- Providing a full programme of childhood immunisations. Women were able to access midwife-led ante-natal care, and post-natal care from the GPs and local health visitors. Children could be seen outside of school hours, to minimise any impact on their school attendance. Parents calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. The practice premises were suitable for children and babies. The practice offered contraceptive services, and sexual health information was available in the reception area.
- Offering online services, as well as a full range of health promotion and screening that reflected the needs of

their patients. Although appointments were not provided outside of the GP contract 'core hours', working age patients were able to access appointments at the local out-of-hours service.

- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. Patients with learning disabilities were provided with access to an annual healthcare appointment to review their needs and ensure they were being met.

### Access to the service

The practice was open as follows:

- Monday and Tuesday between 8:30am and 12:30pm and 2pm and 6pm.
- Wednesday and Friday between 8:30am and 12 noon and 3.30pm and 6pm.
- Thursday between 8:30am and 1pm.
- Friday between 8:30am and 12 noon and 3:30pm and 6pm.

The practice was closed at weekends.

The practice provided a mixture of open access and appointment based surgeries. Surgery times were between 8:50am and 10am each weekday morning and between 4pm and 5:30pm on Monday, Tuesday, Wednesday and Friday afternoons. Telephone consultations were provided daily between 11:30am and 12 noon each morning.

The practice manager told us the practice had a system in place to assess whether a home visit was clinically necessary as well as the urgency of the need for medical attention. They said calls received by the practice were logged by administrative staff and then reviewed by a GP partner, who called each patient to assess clinical urgency. They also told us patients requesting a home visit would usually receive one. However, one of the GP partners told us they did not think there was a sufficiently clear process in place for triaging the clinical needs of patients requesting home visits.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. We found there was capacity for patients to be seen by a GP later in the afternoon of the day of the inspection. Routine GP appointments were also available the following day.



# Are services responsive to people's needs?

## (for example, to feedback?)

Patients who provided feedback on CQC comment cards were very positive about access to the practice, as were the patients we spoke with on the day of the inspection. Patients who had completed Friends and Family Test surveys, since 2014, all commented very positively on the practice's access arrangements.

Results from the NHS GP Patient Survey of the practice, published July 2017, showed that patient satisfaction levels with opening hours, telephone access and appointment availability were significantly higher than the local CCG and national averages. Patient satisfaction with appointment convenience was similar to the local CCG and national averages. Of the patients who responded to the survey:

- 96% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.
- 98% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 96% found it easy to get through to the surgery by telephone, compared to the local CCG average of 77% and the national average of 73%.
- 74% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

- 89% said they were satisfied with the surgery's opening hours, compared to the local CCG average of 75% and the national average of 76%.

### Listening and learning from concerns and complaints

The practice had a system in place for managing complaints.

- This included having a designated senior member of staff who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website and in the patient waiting area. Annual reviews of complaints took place, to help staff identify any themes or trends.
- The practice had received three informal complaints during the previous 12 months, with two of these relating directly to the practice and the other relating to a different service. In the complaint we sampled, we saw staff had reviewed the issues raised and provided verbal feedback to the complainant. However, the practice's complaints procedure did not include information about how to contact the Public Health Service Ombudsman, should a complainant be dissatisfied with the practice's response to their concerns.

# 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.

- Information about their vision was available on their website, and this set out the practice's commitment to providing a friendly, confidential, accessible service delivered by experienced staff able to offer continuity of care. Staff we spoke to demonstrated they shared these values. The senior GP partner told us staff's commitment to providing good outcomes for patients was reflected in patients' very high levels of satisfaction with the services they received. However, the practice did not have a business plan, developed with input from the staff team, to help drive improvements in line with their vision.

### Governance arrangements

Some aspects of the practice's governance arrangements did not fully support the delivery of safe care. Some potential risks to the health and safety of patients receiving care or treatment had not been fully assessed and addressed.

However, most other aspects of the practice's governance arrangements were found to be effective. For example:

- Staff understood their own roles and responsibilities. We were told responsibilities were shared between members of the team. This included identifying a small number of lead key roles. For example, the practice nurse had been allocated the lead role in infection control and the senior GP partner was responsible for the delivery of the practice's Quality and Outcomes Framework performance. This GP partner was also the safeguarding lead. However, when asked, the practice nurse said she did not know who was the safeguarding lead.
- Quality improvement activity was undertaken, to help improve patient outcomes. The practice manager kept a list of key activities that had to be carried out each month. This helped to ensure the smooth running of the practice and promote patient safety of patients as well as make sure relevant external agencies, such as the

local clinical commissioning group (CCG), received performance information. Continuous clinical and internal audit was used to monitor quality and to make improvements.

- Most practice specific policies were implemented and were available to all staff. These were reviewed and updated regularly.
- There were appropriate arrangements for identifying, recording and managing some risks and issues. Regular meetings were held to help staff to share information and manage patient risk. These included practice meetings and multi-agency meetings to support families and high-risk patients.

### Leadership, openness and transparency

The GP partners and practice manager, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. Evidence from the inspection demonstrated there was strong, cohesive teamwork and good levels of staff satisfaction.

The provider had complied with the requirements of the Duty of Candour regulation. (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.)

- The GP partners and practice manager encouraged a culture of openness and honesty. Staff we spoke with told us they felt very well supported by the leadership at the practice. They said the GP partners and practice manager were approachable and always took the time to listen to all members of staff.
- A culture had been created which encouraged and sustained learning and there were effective systems which ensured that when things went wrong, lessons were learned to prevent the same thing from happening again.
- The practice did not hold regular meetings of the whole staff team to encourage learning and disseminate good practice. However, they said the close contact they had with the GP partners and practice manager kept them up-to-date with what was happening in the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. The practice had gathered feedback from patients through their Friends and Family Test survey. All of the feedback received was very positive. Staff had also developed a questionnaire, which they had sent to their 18-year old patients at the end of their final school year, to help them obtain feedback about the quality of care they had received during their childhood and teenage years.

The practice had set up a patient participation group (PPG), to help them obtain feedback from patients. The PPG, which had three members, met twice a year, with the support of the senior GP partner. We looked at the minutes of most recent meeting that had been held earlier in 2017. Topics covered included: extended hours access, the work of the Northumberland Accountable Care Organisation and potential opportunities and risks for the practice; issues concerning the local district nursing service. The minutes included encouragement to contact the senior GP partner with any queries, either in person or via email. The minutes we looked at did not identify any ways in which the service could be improved. Information publicising the work of the PPG was not available on the practice's website or in its patient waiting area.

The GP partners and the practice manager valued and encouraged feedback from their staff. There was a programme of staff appraisals and staff confirmed these took place. Staff told us they felt involved in how the practice was run.

## Continuous improvement

There were systems and processes for learning and continuous improvement.

- Arrangements had been made for staff to learn from any significant events that had occurred, to help prevent them from happening again.
- Staff completed training to help them meet patients' needs. The practice nurse had completed the training they needed to deliver care to the practice's patients with long-term conditions and they were being supported to attain their re-validation as a nurse. Clinical staff had recently completed a diabetes masterclass, to help improve outcomes for patients with this condition. However, the provider did not hold structured educational meetings, to help promote professional learning.
- Staff carried out a range of clinical and quality improvement audits, to help improve patient outcomes.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• The provider had not completed an infection control audit / risk assessment.</li></ul> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The provider had not completed a health and safety risk assessment.</li><li>• The provider had not checked whether staff were up-to-date with routine immunisations.</li></ul> <p>This was in breach of Regulation 12 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (1)(2)(b)(h).</p>