Rowlands Gill Medical Centre

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?	Requires improvement
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 Rowlands Gill Medical Centre on 8 September 2015. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We found that many improvements had been made since the previous inspection of January 2015 when the practice had been rated as inadequate and was placed into Special Measures.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they were able to get an appointment with a GP when they needed one, 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 in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

Summary of findings

- The practice used the Quality and Outcomes Framework (QOF) to monitoring its effectiveness but had only achieved 81.6% of the points available. This was below the local and national averages of 95.3% and 93.5% respectively. Following our inspection in January an analysis of the QOF data was carried out and it was identified that there were errors with the coding of work which had been carried out. This was addressed and preliminary data for the 2014/2015 year showed an improvement in the overall score (85%).

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

The provider should:

- Take steps to ensure staff were aware of any necessary action to be taken following receipt of national safety alerts.
- Review opening hours and consultation times in order to address concerns raised in the National GP Patient Survey.

However, we also saw an area of outstanding practice.

- The practice had been involved in setting up 'Rowlands Gill Live at Home' service. This is a volunteer befriending and visiting service for the elderly. At the time of the inspection there were 115 members from within the local community and 45 volunteers.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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?

Good

The practice is rated as good for providing safe services.

Since the last inspection, significant progress had been made to address the concerns raised. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

Good infection control arrangements were in place and the practice was clean and hygienic. Since the last inspection the practice had devised and implemented a recruitment policy that set out the standards they would follow when recruiting staff. There were enough staff to keep patients safe and Disclosure and Barring Service (DBS) checks had been completed for all staff. There was evidence of good medicines management. Improvements had been made to the premises, including replacement carpets and flooring in the treatment room.

Are services effective?

Good

The practice is rated as good for providing effective services.

Since the last inspection, significant progress had been made to address the concerns raised. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness but had only achieved 81.6% of the points available. This was below the local and national averages of 95.3% and 93.5% respectively. Following our inspection an analysis of the QOF data was carried out and it was identified that there were errors with the coding of work which had been carried out. This was addressed and preliminary data for the 2014/2015 year showed an improvement in the overall score (85%).

Since our last inspection the practice had established a system for completing clinical audit cycles. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. Some of the audits

Summary of findings

carried out earlier in the year were not true clinical audits, in that they were more audits of the processes and did not have criteria or standards against which to measure the practice's performance. Staff told us they had made changes to the clinical audit system and would continue to develop their approach.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect. Patient's privacy and confidentiality was respected. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect.

The National GP Patient Survey from January 2015 showed the majority of patients were happy with the care received. 94% and 87% respectively of patients said they had confidence and trust in their GP and nurse (compared to 92% and 85% nationally). 87% of patients said the last GP they saw or spoke to was good at listening to them (compared to the national average of 87%) and 78% said the last nurse they saw or spoke to was good at listening to them (national average 78%).

The practice had been involved in setting up 'Rowlands Gill Live at Home' service. This is a volunteer befriending and visiting service for the elderly. At the time of the inspection there were 115 members from within the local community and 45 volunteers.

Are services responsive to people's needs?

Requires improvement

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

Since the last inspection, significant progress had been made to address the concerns raised. The practice had established a patient participation group (PPG). Information about how to complain had been made available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

The premises had been adapted to meet the needs of people with disabilities. There was a bell at the main entrance door that patients who required assistance to access the building could use. One of the patient toilets had been modified so it could be accessed by patients with disabilities.

Since the last inspection the practice had developed a 'Patient Information Leaflet'. This gave information about the services provided, contact details and repeat prescriptions.

Summary of findings

Findings from the National GP Patient Survey, published in July 2015, showed the large majority of patients were not satisfied with opening hours (45% were satisfied, compared to the CCG and national averages of 77% and 75% respectively. Some patients found it difficult to get through on the telephone (54% of patients said this was easy or very easy, compared to the national average of 71% and a CCG average of 75%). These survey results were collated before the first inspection and so any changes made since then would not have been reflected.

However, the survey showed that 91% of patients felt their appointment was convenient (compared to the local CCG and national averages of 93% and 92%). Most of the patients we spoke with and who commented on CQC comment cards were satisfied with access to the practice.

The GP partners were aware of the results and had employed an external consultant to carry out a detailed review of the appointments system. An initial analysis had been provided and the practice management team were in the process of considering options about how they could improve access, including reviewing skill mix and opening additional hours. A further telephone line had been added to improve access for patients.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

Since the last inspection, significant progress had been made to address the concerns raised. The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had implemented a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. The practice had re-established a patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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

Nationally reported data showed the practice had generally good outcomes for conditions commonly found amongst older people.

The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, and offered home visits for health checks and flu vaccinations. A register of housebound patients was maintained; each of these patients also had a designated doctor. GPs had good links to the local care home and regularly visited patients living there. The practice had been involved in setting up 'Rowlands Gill Live at Home' service. This is a volunteer befriending and visiting service for the elderly. At the time of the inspection there were 115 members from within the local community and 45 volunteers.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long-term conditions such as hypertension and diabetes were offered a structured annual review to check that their health and medication needs were being met, or more often where this was judged necessary by the GPs.

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes

Summary of findings

in place for the regular assessment of children's development. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 and 24 month old babies and five year old children were in line with the local CCG area.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had obtained 100% of the QOF points available to them for providing recommended maternity services and carrying out specified child health surveillance interventions. Nationally reported QOF data (2013/14) showed antenatal care and screening were offered in line with current local guidelines. The data also showed that child development checks were offered at intervals consistent with national guidelines. Cervical screening rates (77.2%) were below the local and national averages (81.6% and 81.9% respectively).

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. The practice offered online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. The practice provided additional services such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Good

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. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

Summary of findings

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice worked closely with a local carer's service. Further work was planned to raise the awareness of young carers. One of the team had recently been identified as young carers champion and there were plans to work with a local support group.

A member of staff was fluent in British sign language. One of the GP partners ran a weekly clinic for those experiencing problems with substance misuse.

People experiencing poor mental health (including people with dementia)

Good

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

The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Staff worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, for example MIND counsellors, community psychiatric nurses and the memory protection service.

However, nationally reported QOF data (2013/14) showed the practice had only obtained 85.8% of the points available to them for providing recommended care and treatment for patients with poor mental health. This was 7.6 percentage points below the local CCG average and 4.6 points below the England average.

Summary of findings

What people who use the service say

We spoke with 12 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 73 CQC comment cards which had been completed by patients prior to our inspection.

Most patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Several patients commented that the practice had improved over the past few months. Patients were generally happy with the appointments system, although a small number felt they waited too long for their appointment.

The latest National GP Patient Survey published in July 2015 showed some patients were not satisfied with the services the practice offered. For example:

- GP Patient Survey score for opening hours – 45% (national average 75%);
- Percentage of patients rating their ability to get through on the telephone as very easy or easy – 54% (national average 71%);
- Percentage of patients rating their practice as good or very good – 68% (national average 85%);
- The proportion of patients who would recommend their GP surgery – 55% (national average 78%).

However, the data was collected during July to September 2014 and January to March 2015. Any changes to the practice made following our initial inspection, which was published in April 2015 would therefore not have been taken into account. The practice collected some information from 218 patients during July 2015 and asked how likely they would be to recommend the practice to friends and family. The results were as follows:

- extremely likely 97
- likely 84
- neither likely or unlikely 13
- unlikely 13
- extremely unlikely 7
- don't know 4

Nearly 85% of patients would be likely or extremely likely to recommend the practice, a significant increase from the national patient survey.

Areas for improvement

Action the service SHOULD take to improve

Take steps to ensure staff were aware of any necessary action to be taken following receipt of national safety alerts.

Review opening hours and consultation times in order to address concerns raised in the National GP Patient Survey.

Outstanding practice

The practice had been involved in setting up 'Rowlands Gill Live at Home' service. This is a volunteer befriending and visiting service for the elderly. At the time of the inspection there were 115 members from within the local community and 45 volunteers.

Rowlands Gill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team also included a GP and a specialist advisor with experience of GP practice management.

Background to Rowlands Gill Medical Centre

Rowlands Gill Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in Rowlands Gill, Gateshead.

The practice provides services to around 6,800 patients from one location: The Medical Centre, The Grove, Rowlands Gill, Tyne and Wear, NE39 1PW. We visited this address as part of the inspection. The practice has two GP partners (one female and one male), three salaried GPs (all female), two practice nurses (both female), a healthcare assistant, a practice manager, and 10 staff who carry out reception, administrative and dispensing duties.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (25.2% compared to the national average of 16.7%).

The practice is located in a converted two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.00am and 6.00pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times during the week of the inspection:

- Monday - 8.10am to 11.35am; then from 2.20pm to 5.10pm
- Tuesday – 8.10am to 11.30am; then from 1.30pm to 5.00pm
- Wednesday – 8.10am to 12.00pm; then from 1.30pm to 5.10pm
- Thursday – 8.10am to 12.000pm; then from 1.30pm to 5.00pm
- Friday – 8.10am to 12.00pm; then from 1.00pm to 5.00pm

A duty doctor is available each afternoon until 6.00pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as Gat Doc.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in January 2015 after which the practice was rated as providing inadequate services and was placed into Special Measures. The purpose of this most recent inspection was to check that improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

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

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

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

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

We carried out an announced visit on 8 September 2015. We spoke with 12 patients and nine members of staff from the practice. We spoke with and interviewed three GPs, a practice nurse, the practice manager, and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 73 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Safe track record

The practice registered with CQC in 2012; at registration they stated they were not fully compliant with the Health and Social Care Act (Regulated Activities) Regulations 2010, Regulation 15, Safety and Suitability of Premises. This was because the premises at High Spen Branch Surgery were in need of some improvement and refurbishment. During the previous inspection we found they had not taken any action to achieve compliance other than discussions with the local council who owned the land regarding future plans. Since the last inspection, the High Spen branch closed.

Since the last inspection the practice had used a range of information to identify risks and improve quality in relation to patient safety. Incidents were appropriately identified, recorded, and shared. Comments and complaints from patients were also recorded. Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents.

We reviewed safety records, incident reports, and minutes of meetings where incidents were discussed. There was evidence of a clear framework for dealing with safety issues which the practice was confident of maintaining in the longer term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and investigating significant events, incidents and accidents. This system had been reviewed and amended since our last inspection. We spoke with the GPs about the arrangements in place. They told us that all staff had responsibility for reporting significant or critical events. Staff had received extensive training on significant events, were aware of the system for raising issues to be considered and felt encouraged to do so. The practice also reported significant events to the local clinical commissioning group (CCG), using the local safeguarding incident risk management system (SIRMS).

Records of those incidents were kept on the practice computer system and made available to us. We found details of the event, steps taken, specific action required and learning outcomes and action points were noted.

There was evidence that significant events were discussed at staff meetings to ensure learning was disseminated and implemented. We saw there had been a significant event in relation to data protection. We saw evidence that a thorough investigation had taken place. This had identified some key learning points, which had been shared with the relevant staff. The event had been discussed within the practice and protocols were revised to prevent the incident from happening again. The changes were implemented and the practice told us they would be reviewed at a later date to confirm they remained effective.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Arrangements had been made which ensured national drug alerts were disseminated by the practice manager to all of the GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks. However, there was no evidence that the alerts were discussed at the weekly clinical meetings to ensure staff were aware of any necessary action. Staff told us this would be addressed immediately.

Reliable safety systems and processes including safeguarding

The practice had effective systems in place to manage and review risks to vulnerable children, young people and adults. Safeguarding policies and procedures were in place. These provided staff with information about safeguarding legislation and how to identify, report and deal with suspected abuse. Information about how to report safeguarding concerns and contact the relevant agencies was easily accessible.

There were identified members of staff with clear roles to oversee safeguarding within the practice. Staff we spoke with said they knew which of the GP partners was the safeguarding lead for vulnerable adults and which one was the lead for children. The GPs had developed a system for ensuring relevant staff were aware of any safeguarding cases or concerns.

There was a system on the practice's electronic records to highlight vulnerable patients. Children and vulnerable adults who were assessed as being at risk were identified using READ codes. These codes alerted clinicians to their potential vulnerability (clinicians use READ codes to record patient findings and any procedures carried out).

Good

Are services safe?

The clinicians discussed ongoing and new safeguarding issues at their weekly meetings. Information was shared with the local health visitors and midwives at monthly children and young peoples' safeguarding multidisciplinary team meetings.

The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

We saw records which confirmed all relevant staff had attended training on safeguarding children. All of the GPs had completed child protection training to level three. This is the recommended level of training for GPs who may be involved in treating children or young people where there are safeguarding concerns. Both of the practice nurses had completed level two which is more relevant to the work they carry out. All other staff had attended level one training sessions. This was confirmed by the staff we spoke with.

The practice had a chaperone policy. We saw posters on display in the consultation rooms to inform patients of their right to request a chaperone. A practice nurse or a member of the administration team undertook this role. Since the last inspection all relevant staff had received chaperone training. The staff we spoke with were clear about the requirements of the role and had undergone Disclosure and Barring Service (DBS) checks.

An up to date whistleblowing policy was in place. Staff we spoke with were all able to explain how, and to who, they would report any such concerns. They were all confident that concerns would be acted upon.

Medicines management

There were clear systems in place to manage medicines. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We saw medicines were in date and good systems to check expiry dates were implemented.

There was a clear policy for ensuring medicines were kept at the required temperatures (for example, some vaccines needed to be stored in a refrigerator). The policy described the action to take in the event of a potential failure of the refrigerator. Staff confirmed the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the daily temperature recordings, which showed that the correct temperatures for storage were maintained.

Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). These are specific guidance on the administration of medicines authorising nurses to administer them. We saw up-to-date copies of directions had been signed by both of the nurses.

There were systems in place to ensure GPs regularly monitored patients' medicines and re-issuing of medicines was closely monitored, with patients invited to book a 'medication review', where required

All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw records of blank prescription form serial numbers were made on receipt into the practice and when the forms were issued to GPs. Blank prescriptions were securely stored at all times.

Cleanliness and infection control

We saw the practice was clean, tidy and well maintained. Patients we spoke with told us they were happy with the cleanliness of the facilities. Comments from patients who completed CQC comment cards reflected this.

One of the practice nurses was the nominated infection control lead. We saw there was an up to date infection prevention and control policy and detailed guidance for staff about specific issues. For example, handling specimens and needlestick injuries. Since the last inspection an infection control audit had been carried out. All of the staff we spoke with about infection control said they knew how to access the practice's infection control procedures. We saw records which showed that since the last inspection all staff had attended training courses on infection control.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single use, and personal protective equipment (PPE) such as aprons and gloves were available for staff to use. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels. The treatment rooms had flooring that was impermeable, and easy to clean. The GP's consultation rooms were carpeted, however, plastic coverings had been fitted to those areas where spillages were more likely to

occur, to enable easier cleaning. The whole of the reception area and corridors had been recarpeted. The practice manager told us they had chosen a carpet which could be bleached in the event of a spillage. Since the last inspection the privacy curtains in the consultation rooms had been replaced with a disposable type, which would be changed every six months or more frequently if necessary. We saw records were maintained so staff knew when they were due to be changed.

The practice employed a cleaning contractor to carry out cleaning duties. We looked at records and saw they completed cleaning schedules, on a daily, weekly, monthly and annual basis. The contractor carried out regular checks on the cleanliness of the building and provided the practice with a documented copy of their checks.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and all of the sharps bins we saw had been signed and dated as required. Since the last inspection the practice had put spillage kits (these are specialist kits to clear any spillages of blood or other bodily fluid) in place throughout the building.

Staff were protected against the risk of health related infections during their work. We asked the reception staff about the procedures for accepting specimens of urine from patients. They used gloves to transfer specimens to a storage box. Surfaces were then cleaned with antibacterial wipes.

Since the last inspection the practice had put comprehensive processes in place for the management, testing and investigation of legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example, weighing scales and blood pressure monitoring equipment. Fire extinguishers were serviced regularly. The practice maintained records showing when the next service was due.

Staffing and recruitment

Since the last inspection the practice had devised and implemented a recruitment policy that set out the standards they would follow when recruiting staff.

No staff had been recruited since the last inspection, however, all staff within the practice had been subject to DBS checks.

Staff told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There were arrangements in place for members of staff to cover each other's annual leave.

Staff we spoke with were flexible in the tasks they carried out. This demonstrated they were able to respond to areas in the practice that were particularly busy. For example, by working on the front reception desk receiving patients or by answering the telephones. Staff told us there was always enough staff on duty to maintain the smooth running of the practice and ensure patients were kept safe.

The practice manager assured themselves that GPs and nurses employed continued to be registered to practise with the relevant professional bodies (For GPs this is the General Medical Council (GMC) and for nurses this is the Nursing and Midwifery Council (NMC)). They routinely checked with the GMC and NMC and maintained records of these checks. Clinical staff and the practice manager had medical indemnity insurance policies in place; we saw certificates to confirm this.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff and patients to see.

Good

Are services safe?

The practice manager showed us a number of risk assessments which had been developed and undertaken since the last inspection; including a fire risk assessment. Risk assessments of this type helped to ensure the practice was aware of any potential risks to patients, staff and visitors and planned mitigating action to reduce the probability of harm.

Following the previous inspection the practice had put systems in place to manage and monitor health and safety. The fire alarms and emergency lights had been regularly tested and a fire evacuation drill had been carried out. We saw records confirming these checks had been completed.

There were clear lines of accountability for all aspects of patient care and treatment. The GPs each had lead roles such as safeguarding and clinical conditions such as mental health. One of the nurses was the infection control lead. Each clinical lead had systems in place for monitoring their areas of responsibility.

Appropriate staffing levels and skill-mix were provided by the practice during the hours the service was open.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency). The defibrillator was accessible and staff carried out regular checks on the battery and the associated equipment. All staff we spoke with regarding emergency procedures knew the location of this equipment.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. All of the emergency medicines we checked were in date.

Since the last inspection staff had attended fire safety training and one member of the team had been designated as the fire warden.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks were identified and mitigating actions recorded to reduce and manage the risk. A copy of the plan was held by one of the GP partners off site, so contact details were available if the building was not accessible.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could describe the rationale for their treatment approaches. They were familiar with best practice guidance from the National Institute for Health and Care Excellence (NICE). However, the arrangements for reviewing any NICE updates were not systematic. The GP partners were aware of this and had put plans into place to ensure any new guidance would be systematically reviewed.

There was a Gateshead clinical commissioning group (CCG) pathways booklet available in each consultation room for GPs, this included documented shared decision making, for example for mental capacity decisions, hypertension and carpel tunnel syndrome. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs and these were reviewed when appropriate.

GPs and nurses led in specialist clinical areas such as diabetes. GP leads had overall responsibility for ensuring the disease or condition was managed effectively in line with best practice. Nursing staff were jointly responsible with GPs for ensuring the day-to-day management of a disease or condition was in line with practice protocols and guidance. Clinical staff we spoke with said they would not hesitate to ask for or provide colleagues with advice and support. Staff had access to the necessary equipment and were skilled in its use; for example, blood pressure monitoring equipment.

Patients we spoke with said they felt well supported by the GPs with regards to decision making and choices about their treatment. This was reflected in the comments left by patients who filled in CQC comment cards.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs and nurses showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of a patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff from across the practice had roles in the monitoring and improvement of outcomes for patients. These included data input, clinical review scheduling and medicines management. The information staff entered and collected was then used by the practice staff to support the practice to carry out clinical audits and other monitoring activity.

The practice's prescribing rates were similar to national figures. For example, prescribing of hypnotics (medicines regularly prescribed for insomnia and other sleep disorders) and antibiotics were in line with national averages. There was a protocol for repeat prescribing, although this did not specify which medicines were suitable for putting onto repeat prescriptions. The protocol required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP.

Since our last inspection the practice had established a system for completing clinical audit cycles. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. Some of the audits carried out earlier in the year were not true clinical audits, in that they were more audits of the processes and did not have clear criteria against which to audit. For example, an asthma audit did not consider any clinical care issues, only whether patients had been called in for review. There were no criteria or standards against which to measure the practice's performance. We discussed this with the GP partners, they told us they had made changes to the clinical audit system and would continue to develop their approach.

One of the more recent audits was in relation to monitoring of patients who had been prescribed a particular medicine. An initial audit was carried out which showed that 15 patients had been prescribed the medication. National guidelines suggested the medicine was not a 'preferred' type. Action was taken and changes made to patients' prescriptions where necessary. A further audit cycle was carried out and this showed an improvement, in that only three patients continued to receive the medication. The patients had been given further information on the medication to ensure they were aware of any risks or adverse reactions.

The practice used the information they collected for the Quality and Outcomes Framework (QOF) and its performance against national screening programmes to monitor outcomes for patients. The Quality and Outcomes Framework is a voluntary incentive scheme for GP practices

Good

Are services effective?

(for example, treatment is effective)

in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually.

During the last inspection we saw the practice had achieved a score of 81.6% of the QOF percentage points available to them for providing recommended treatments for the most commonly found clinical conditions (for 2013/2014). This was below both the local clinical commissioning group (CCG) and England averages (95.3% and 93.5% respectively). Following our inspection an analysis of the QOF data was carried out by the practice, with the support of the CCG and it was identified that there were errors with the coding of work which had been carried out. This was addressed and preliminary data for the 2014/2015 year showed an improvement in the overall score (85%). The practice was continuing to review the information to ensure it was correctly captured.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of these patients and their families.

Effective staffing

Practice staffing included clinical, nursing and administrative staff. Since the last inspection significant improvements had been made to ensure staff received appropriate training and support. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support and fire safety. The practice closed one afternoon each month, part of this was for protected learning time (PLT sessions).

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with NHS England).

Since the last inspection other staff had received an appraisal which had identified learning needs. Nursing staff were appraised by a GP. A practice manager from another practice had appraised the practice manager and the administrative and support staff. Staff interviews confirmed that the practice was supportive in providing training and funding for relevant courses. For example, one of the staff we spoke with had received some specific training on the cold-chain process for storing vaccines.

We saw the practice had an induction programme to be used when staff joined the practice. This covered individual areas of responsibility and general logistical information about how the practice operated.

Nursing staff had defined duties they were expected to carry out and were able to demonstrate they were trained to fulfil these duties. For example, the practice nurse said they carried out cervical smears and had been trained (with the support of the practice) to do so.

The administrative and support staff had clearly defined roles, however they were also able to cover tasks for their colleagues. This helped to ensure the team were able to maintain levels of support services at all times, including in the event of staff absence and annual leave.

Working with colleagues and other services

The practice had positive working relationships and links with other health and social care providers, to co-ordinate care and meet patients' needs.

The practice held multidisciplinary team (MDT) meetings to discuss the needs of high risk patients, for example, those with end of life care needs. These meetings were attended by a range of healthcare professionals including district nurses, palliative care nurses and health visitors and decisions about care planning were recorded. The practice maintained lists of patients who had learning disabilities, those at high risk of unplanned admissions and patients diagnosed as living with dementia. These and other at risk patients were reviewed and discussed at the practice clinical meetings.

We found appropriate end of life care arrangements were in place. The practice maintained a palliative care register. We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out-of-hours provider and the ambulance service.

Information sharing

The practice used electronic systems to communicate with other providers. Electronic systems were in place for making referrals, for example, through the Choose and Book system. (The Choose and Book system enables

Good

Are services effective?

(for example, treatment is effective)

patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use and patients welcomed the ability to choose their own appointment dates and times.

There were systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff had been fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Regular meetings were held throughout the practice. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed to enable continuity of care.

Correspondence from other services such as blood results and letters from the local hospital including discharge summaries, was received both electronically and by post. Staff we spoke with were clear about their responsibilities for reading and taking action to address any issues arising from communications from other care providers. They understood their roles and how the practice's systems worked.

Consent to care and treatment

Before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes.

Clinical staff were aware of the Mental Capacity Act (MCA) 2005 and the Children Acts 1989 and 2004 and their duties in fulfilling it. They had recently attended some training sessions on the MCA. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. They also demonstrated an understanding of Gillick competencies (Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

There was a practice policy, although this was not formally documented, for recording consent for specific interventions. For example, verbal consent was taken from patients for routine examinations and verbal and implied consent for the measurement of blood pressure. Written consent was obtained for any minor surgical procedures.

Health promotion and prevention

New patients were offered a 'new patient check' with a practice nurse, to ascertain details of their past medical histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height and weight).

The practice was the first in the local area to introduce 'flu jab day' where patients could drop in to receive their flu vaccination. The practice offered travel vaccines and shingles vaccine to those who were eligible. The practice offered a full range of immunisations for babies and children. Vaccination rates for 12 and 24 month old babies and five year old children were broadly in line with other practices in the local CCG area. There was a clinic held to provide therapeutic dietary advice as an integral part of disease management and smoking cessation clinics.

We found patients with long-term conditions were recalled to check on their health and review their medicines for effectiveness. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Staff said this worked well and helped to prevent any patient groups from being overlooked.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

There was a range of information on display within the waiting room. This included a number of health promotion and prevention leaflets. The practice's website included links to a range of patient information, including for family health, long term conditions and minor illnesses.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice regarding patient satisfaction. This included information from the National GP Survey (July 2015). The scores in relation to patients' last appointments were broadly in line with national averages. For example:

- 94% of patients said they had confidence and trust in their GP (compared to 92% nationally)
- 87% of patients said they had confidence and trust in their nurse (compared to 85% nationally)
- 80% of patients said the GP treated them with care and concern (82% nationally)
- 78% of patients said the nurse treated them with care and concern (compared to 79% nationally).

We spoke with 12 patients during our inspection and reviewed 73 CQC comment cards which had been completed by patients prior to the inspection. All of the patients were happy with the care they received from the practice and said their dignity and privacy was respected. Most patients commented that the practice provided a very good service.

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and conversations taking place in those rooms could not be overheard.

The reception area opened directly onto the patient waiting area. We saw staff who worked in this area made every effort to maintain patients' privacy and confidentiality. Staff were aware of how to protect patients' confidential information. There was a room available if patients wanted to speak to the receptionist privately.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was considerate and caring, whilst remaining respectful and professional. This was clearly appreciated by the patients who attended the practice. We saw that any questions asked or issues raised by patients were handled appropriately and the staff involved remained polite and courteous at all times.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation. Information regarding patient confidentiality was contained within the practice information leaflet.

The practice had policies in place to ensure patients and other people were protected from disrespectful, discriminatory or abusive behaviour. The staff we spoke with were able to describe how they put this into practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt they had been involved in decisions about their care and treatment. They said the clinical staff gave them time to ask questions and responded in a way they could understand. Patients were satisfied with the level of information they had been given.

The results of the National GP Patient Survey from July 2015 showed most patients felt involved in their care and treatment:

- 87% said the last GP they saw or spoke to was good at listening to them (national average 87%)
- 72% said the last GP they saw or spoke to was good at involving them in decisions about their care (national average 74%)
- 78% said the last nurse they saw or spoke to was good at listening to them (national average 79%)
- 61% said the last nurse they saw or spoke to was good at involving them in decisions about their care (national average 65%).

We saw that access to interpreting services was available to patients, should they require it. Staff we spoke with said the practice did not have many patients whose first language was not English. They said when a patient requested the use of an interpreter, a telephone service was available or there was the option to book an interpreter to attend the appointment with the patient. There was also the facility to request translation of documents should it be necessary to provide written information for patients.

Good

Are services caring?

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. For example, patients commented that staff were caring and took time to help and support them.

We saw there was a variety of information on display throughout the practice. This included a patient information leaflet, which contained details about the practice and the services on offer. Notices in the patient waiting areas signposted patients to a number of support groups and organisations. The website was regularly updated and included links to support organisations.

The practice proactively asked patients if they had caring responsibilities. A carer's register had been set up to help identify carers and make sure they were aware of the professional support available. Further work was planned to raise the awareness of young carers. One of the team had recently been identified as young carers champion and there were plans to work with a local support group. The practice had been involved in setting up 'Rowlands Gill Live at Home' service. This is a volunteer befriending and visiting service for the elderly. At the time of the inspection there were 115 members from within the local community and 45 volunteers. One of the GPs was part of the steering committee. Joint events were held between the practice and the Live at Home scheme, including the annual flu vaccination day where volunteers provided teas and coffees for patients.

Support was provided to patients during times of bereavement. Staff told us that if families had suffered bereavement, one of the GPs carried out a home visit at a convenient time for the family. Clinical staff referred patients struggling with loss and bereavement to support groups who provided these types of services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to the needs of the local population. The majority of patients we spoke with and those who filled out CQC comment cards said they felt the practice was meeting their needs. For example, patients could access appointments face-to-face in the practice, receive a telephone call back from a clinician or be visited at home.

Where patients were known to have additional needs, such as being hard of hearing, were frail, or had a learning disability, this was noted on the patient's medical record. This meant the clinical staff would already be aware of this and any additional support could be provided, for example, a longer appointment time. A member of staff was fluent in British sign language and was able to support patients with hearing difficulties.

The Quality and Outcomes Framework (QOF) data (2013/14) showed the practice had obtained 100% of the points available to them for providing recommended care and treatment to patients needing palliative care (this was in line with the local average and 3.3 percentage points above the national average). The practice kept a register of patients who were in need of palliative care and their IT system alerted clinical staff about those who were receiving this care. QOF data showed that multi-disciplinary team (MDT) meetings took place at least every three months, to discuss and review the needs of each patient on this register. Staff told us these meetings included relevant healthcare professionals involved in supporting patients with palliative care needs, such as the community matron and district nurses.

The practice had identified the needs of families, children and young people, and plans put in place to meet them. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had obtained 100% of the QOF points available to them for providing recommended maternity services and carrying out specified child health surveillance interventions.

The practice engaged regularly with the clinical commissioning group (CCG) to discuss local needs and service improvements that needed to be prioritised.

We found that the practice worked collaboratively with other agencies, regularly updating shared information to ensure good, timely communication of changes in care and treatment. Regular internal as well as multidisciplinary meetings were held to discuss patients and their families' care and support needs.

Since the last inspection the practice had re-established a Patient Participation Group (PPG) to help them to engage with a cross section of the practice population and obtain patient views. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

We spoke with two members of the PPG; they explained their role and how the group worked with the practice. The representatives told us the PPG had a good working relationship with the practice, and felt that the GPs listened to them and were very receptive to their ideas. For example, the PPG and practice had recently worked together to improve the signage within the building and the information available on the practice website.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The majority of the practice population were English speaking patients but translation services were available if they were needed. The practice maintained registers for patients with caring responsibilities, patients with learning disabilities and patients receiving palliative care. These measures helped to ensure that all of the practice's patients had equal opportunities to access the care, treatment and support they needed.

Staff at the practice recognised that patients had different needs and wherever possible were flexible to ensure their needs were met. There was a system in place to alert staff to any patients who might be vulnerable or who had special needs, such as patients with poor mental health or a learning disability. Where patients were identified as carers we saw that information was provided to ensure they understood the various avenues of support available to them should they need it. Registers were maintained, which identified which patients fell into these groups. The practice used this information to ensure patients received regular healthcare reviews and access to other relevant checks and tests. Some patients had been identified as

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

always needing longer appointments and the system in place ensured that staff were alerted to this need. One of the GP partners ran a weekly clinic for those experiencing problems with substance misuse.

Since the last inspection the premises had been adapted to meet the needs of people with disabilities. There was a bell at the main entrance door that patients who required assistance to access the building could use. One of the patient toilets had been modified so it could be accessed by patients with disabilities.

We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. This made movement around the practice easier and helped to maintain patients' independence.

The practice accepted any patient who lived within their practice boundary irrespective of ethnicity, culture, religion or sexual preference.

Access to the service

Patients were able to book appointments either by calling into the practice, on the telephone or using the on-line system. Face to face consultations and home visits were available to suit individual needs and preferences.

Practice opening hours were between 8.00am and 6.00pm Monday to Friday. Appointments were available at the following times during the week of the inspection:

- Monday - 8.10am to 11.35am; then from 2.20pm to 5.10pm
- Tuesday – 8.10am to 11.30am; then from 1.30pm to 5.00pm
- Wednesday – 8.10am to 12.00pm; then from 1.30pm to 5.10pm
- Thursday – 8.10am to 12.000pm; then from 1.30pm to 5.00pm
- Friday – 8.10am to 12.00pm; then from 1.00pm to 5.00pm

A duty doctor was available each afternoon until 6.00pm. Staff told us that all patients were seen, on the same day if necessary, no-one was ever turned away.

Findings from the National GP Patient Survey, published in July 2015, showed the large majority of patients were not satisfied with opening hours (45% were satisfied, compared to the CCG and national averages of 77% and 75% respectively. Some patients found it difficult to get through on the telephone (54% of patients said this was easy or very easy, compared to the national average of 71% and a CCG average of 75%).

However, the survey showed that 91% of patients felt their appointment was convenient (compared the local CCG and national averages of 93% and 92%). Most of the patients we spoke with and who commented on CQC comment cards were satisfied with access to the practice.

The GP partners were aware of the results and had employed an external consultant to carry out a detailed review of the appointments system. An initial analysis had been provided and the practice management team were in the process of considering options about how they could improve access, including reviewing skill mix and opening additional hours. A further telephone line had been added to improve access for patients.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. The next available routine appointment with a doctor was within five working days. Urgent, on the day, appointments were available each day. Staff told us there were no limits to these appointments and that all patients would be seen in an emergency.

Since the last inspection the practice had developed a 'Patient Information Leaflet'. This provided information about the services provided, contact details and repeat prescriptions. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and how to book appointments online. Staff were aware that many patients were not aware of the on-line booking system. Steps had been taken to increase uptake, including putting copies of the newsletters and practice leaflets in local shops in the village.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. The local out-of-hours provider was Gateshead Community Based Care Limited, which is also known locally as GatDoc.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

Since the last inspection the practice had implemented a system for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about services and how to complain was available and easy to understand.

Only one of the 12 patients we spoke with during the inspection said they had felt the need to complain or raise concerns with the practice. They said they felt the practice had dealt with their complaint appropriately and the matter had been resolved. None of the 73 CQC comment cards completed by patients indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy. They told us they would deal with minor matters straight away, but would inform the practice manager of any complaints made to them. Patients could therefore be supported to make a complaint or comment if they wanted to.

We saw the practice had received four complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at staff meetings. For example, in one case a patient had raised a concern about a prescription. An investigation was carried out and the patient received a full explanation.

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 GP partners told us the practice ethos had three elements, firstly look after patients, secondly look after yourself and colleagues and thirdly look after the practice. We spoke with a variety of practice staff including the practice manager, GPs, the practice nurse and some of the practice's administrative and support staff. They all knew and shared the practice's ethos and knew what their responsibilities were in relation to these.

Since the last inspection the practice had also developed a practice business development plan, which set out what the future aims of the practice were.

Governance arrangements

Since the last inspection the practice had improved its arrangements for assessing, monitoring and addressing risks. For example, a comprehensive business continuity plan had been implemented to help ensure the service could be maintained in the event of foreseeable emergencies. A number of policies and procedures had been reviewed and updated to govern activity. These were available to staff via the shared drive on the computer system. There were arrangements in place for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and actions to mitigate these risks had been put into place.

There was a management team in place to oversee the practice. The practice used the Quality and Outcomes Framework (QOF) as an aid to measure its performance. The practice had achieved an overall QOF score of 81.6% of the maximum points available in 2013/2014; this achievement was below both the local clinical commissioning group (CCG) and the national averages (95.3% and 93.5% respectively). We saw that QOF data was discussed at practice business meetings and actions were taken to maintain or improve outcomes. For example, phone calls to patients if they failed to respond to the request to attend the practice for reviews of their long-term conditions. Preliminary data for the 2014/2015 year showed an improvement in the overall QOF score to 85%.

Since our last inspection the practice had established a system for completing clinical audit cycles, which would be used to monitor quality and systems to identify where action should be taken.

Arrangements were in place which supported the identification, promotion and sharing of good practice. For example, a system was in place which ensured significant events were discussed within the practice team. Staff were encouraged and supported to learn lessons where patient outcomes were not of the standard the practice expected. We found that staff felt comfortable to challenge existing arrangements and looked to continuously improve the service being offered.

The practice held regular meetings for staff. These included management meetings between the practice manager and clinicians, weekly clinical meetings and monthly administrative staff meetings. We looked at minutes from some of these meetings and found that performance, quality and risks had been discussed.

Leadership, openness and transparency

There was a management team with clear allocation of responsibilities. For example, one of the GP partners was the safeguarding lead. The practice manager was responsible for the application of the practice's human resource policies and procedures. We spoke with staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. There were good levels of staff engagement and there was a sense of team working across all of the staff, both clinical and non-clinical.

The GPs were visible and accessible. We saw examples where staff had been supported and encouraged to develop their skills through discussions at team meetings and through individual appraisals.

We found the practice learned from incidents and near misses. Significant events meetings were held where such issues were discussed. Lessons learned from these discussions were shared with the relevant team members.

Practice seeks and acts on feedback from its patients, the public and staff

Since the last inspection the practice had made arrangements to seek and act on feedback from patients and staff. The GP partners and practice manager told us they had been proactive in seeking feedback.

There were suggestion boxes in the waiting rooms and there was a patient participation group (PPG) open to all patients. The PPG contained representatives from some of the key population groups. Staff from the practice always

Are services well-led?

Good

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

attended to support the group. We spoke with two members of the PPG and they felt the practice supported them fully with their work and took on board and acted on any concerns they raised.

NHS England guidance stated that from 1 December 2014, all GP practices must implement the NHS Friends and Family Test (FFT), (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). We saw the practice had introduced the FFT, there were questionnaires available in the waiting room and instructions for patients on how to give feedback. The practice had been proactive in seeking FFT feedback and had given out forms to patients to complete following consultations. This resulted in an increase from six responses in December 2014 to 175 during July 2015.

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff we spoke with told us their regular meetings provided them with an opportunity to share information, changes or action points. Staff retention was high and they felt involved and engaged in the running of the practice.

The practice had a whistle blowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with were aware of the policy, how to access it and said they wouldn't hesitate to raise any concerns they had.

Management lead through learning and improvement

Since the last inspection the practice had put systems in place to enable learning and improved performance. We saw that appraisals for all staff had taken place during that time. Training records had been reviewed and organised so managers had an overview of what training was needed and when.

Staff told us that the practice was very supportive of training. They said they had received the training they needed, both to carry out their roles and responsibilities and to maintain their clinical and professional development.

The practice as a whole discussed any significant incidents that had occurred at their monthly meetings. Reviews of significant events and other incidents had been completed and shared with staff. Staff meeting minutes showed these events and any actions taken to reduce the risk of them happening again were discussed.

Information and learning was also shared verbally between staff. The practice's schedule of meetings was used to facilitate the flow of information, including meetings of administrative staff, clinical staff and whole staff team meetings. Learning needs were identified through the appraisal process and staff were supported with their development.

The practice manager met with other practice managers in the area and shared learning and experiences from these meetings with colleagues. GPs met with colleagues at CCG meetings. They attended learning events and shared information from these with the other GPs in the practice.