

# West View Surgery

## Quality Report

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Date of inspection visit: 28 September 2017

Date of publication: 01/11/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	11
Background to West View Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West View Surgery on 28 September 2017. Overall the practice is rated as requires improvement.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.
- Data from the Quality and Outcomes Framework (QOF) for 2016/17 showed that patient outcomes were below average at 94.3% when compared to local and national averages, however they had improved compared to the previous year's results which were 93.2%.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Access to appointments was good; the practice had carried out audits and a survey to ensure this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was aware of and complied with the requirements of the duty of candour.

The areas where the practice must make improvements are;

- Ensure there are effective systems and processes in place for the management of significant events and patients safety alerts are comprehensive.
- Ensure there are measures in place to mitigate the risks of health and safety to patients and the staff who use or work at the practice.
- Ensure a programme is in place for two cycle clinical audit which is clearly linked to patient outcomes.
- Ensure that practice policies and procedures are comprehensive and followed.

# Summary of findings

- Ensure that basic staff training is identified for each role within the practice.
- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this and ensure staff receive an annual appraisal.
- Ensure recruitment procedures are established and operate effectively.

The areas where the provider should make improvements are:

- Have regular face to face staff meetings, to encourage whole team learning and to disseminate good practice.
- Continue to recruit patients to form a patient participation group.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Systems and processes in place for the management of significant events and patients safety alerts were not comprehensive. Although they were actioned, there was no fail safe system in place to manage patient significant events or patient safety alerts. The practice recruitment policy was not adequate and the required recruitment information was not available, for example, references from previous employer or interview notes. Health and safety risks to patients were not always assessed or well managed. There was not a copy of the landlord's legionella risk assessment. The business continuity plan was limited.

There were safeguarding arrangements in place. Medicines were appropriately managed. Infection control arrangements were in place and the practice was clean and hygienic.

**Requires improvement**



### Are services effective?

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

There was limited evidence of clinical audit being carried out at the practice to improve quality outcomes for patients. Staff training was difficult to verify. Some staff had not received an appraisal.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff worked with multi-disciplinary teams.

Although data from the Quality and Outcomes Framework (QOF) for 2016/17 showed that patient outcomes were below average at 94.3% when compared to local and national averages, they had improved compared to the previous year's results which were 93.2%.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data was comparable with local and national averages for GP scores in the National GP Patient Survey, however, they were higher for nurses, for example, 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.

**Good**



# Summary of findings

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect. The practice had devised a list of patients which it called Very Important Patients (VIP). These were patients who had been diagnosed with cancer, were recently bereaved or a carer. The patients were READ coded on the practice computer system so that they could be identified by staff and receive the care they needed.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice being a surgery with a small patient list and having staff who were long standing, prided itself on being able to provide a personal service. Staff would go the extra mile to recognise the additional needs or the difficulties patients had.

Access to appointments was good. The practice had carried out audits on the length of appointments and getting through on the telephone to the practice. They had carried out a survey of patients to find out their views on access to the practice.

The practice provided a range of services for patients, such as an antenatal clinic, baby immunisations clinic and travel vaccines. There were extended opening hours on a Monday evening.

The practice had a system in place for handling complaints and concerns. However, the practice policy was not in line with recognised guidance and contractual obligations for GPs in England.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where they should make improvements.

Governance arrangements did not always work effectively. For example, staff were not always aware of their own roles or responsibilities. The lead GP was not involved in the day-to-day running of the practice. The practice did not hold staff meetings, to encourage whole team learning and to disseminate good practice, although discussions were held informally with administration staff.

The practice had a vision to provide high quality care for patients. Staff told us that the management of the practice were approachable and they felt supported in their roles.

The practice had gathered feedback from patients regarding the service provided from a recent survey. They had carried out audits which looked at patient access. The practice had invested time and devised a training plan for the health care assistant who was new in post in the last year.

Requires improvement



# 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 requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure.

The practice maintained a palliative care register. They offered immunisations against pneumonia and shingles to older people and in their own home where necessary. Health checks were offered to all patients over the age of 75 and the practice were developing a frailty register. Prescriptions could be sent to any local pharmacy electronically.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The nurse practitioner was the lead for chronic disease management. Patients at risk of hospital admission were identified as a priority for care and support by the practice.

Longer appointments and home visits were available when needed. All patients with a long-term condition were offered a structured annual review to check their health and medicines needs were being met.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. The GP was the lead for safeguarding vulnerable children. There was a safeguarding children policy. Staff had received safeguarding training.

**Requires improvement**



# Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies, there were baby changing facilities. Arrangements had been made for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 90%, compared to CCG averages of 92% to 100%. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients could order repeat prescriptions and routine healthcare appointments online. Telephone consultations were available. Extended hours appointments were available until 7:45pm on a Monday evening at the practice.

The practice offered a full range of health promotion and screening they had access to appropriate health assessments and checks, which included exercise and dietary advice and a smoking cessation programme. The practice's uptake for cervical screening was 71%, which is below the national average of 81%.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

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 normal working hours and out of hours.

The practice had a learning disabilities register. The practice had devised a list of patients which it called Very Important Patients (VIP). These were patients who had been diagnosed with cancer,

**Requires improvement**



# Summary of findings

were recently bereaved or a carer. The patients could be identified by staff on the practice computer system and receive the care they needed. The practice's computer system alerted GPs if a patient was a carer. There were 24 carers on the practice system which was less than 1% of the practice population. Similarly patients with communication difficulties had been highlighted on a register on the practice computer system. The practice had links to a Veterans Trauma Network and the Veterans Wellbeing Assessment Liaison Service (VWALS) if patients had been a member of the armed forces and would benefit from assistance from the groups the practice would refer them.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The practice maintained a register of patients experiencing poor mental health and dementia and recalled them for regular reviews. Patients were advised how to access various support groups and voluntary organisations. Where appropriate patients with complex conditions were discussed amongst at their MDT meetings.

Nationally reported QOF data (2016/17) showed the practice had improved in outcomes in relation to patients experiencing poor mental health. The practice had obtained 92% of the points available to them for providing recommended care and treatment for patients with poor mental health compared to the previous year (2015/16) when they achieved 66.2%.

**Requires improvement**





# Summary of findings

## What people who use the service say

We spoke with five patients on the day of our inspection and a patient who the practice contacted about their views of the practice. They said they were satisfied with the care they received from the practice. Comments included: very good; helpful; and happy.

We reviewed 43 CQC comment cards completed by patients prior to the inspection. All of the comment cards contained positive comments about the practice. There were three unrelated negative comments about appointments. Common words used to describe the practice included: excellent care; friendly and caring staff; and good service. Patients said they did not have to wait too long for an appointment and the reception staff were very accommodating.

The latest GP Patient Survey published in July 2017 showed that scores from patients were mostly above or comparable to the averages for most areas. The percentage of patients who described their overall experience as good was 94%, which was above the local clinical commissioning group (CCG) average of 87% and the national average of 85%. Other results from those who responded were as follows;

- 81% of patients would recommend their GP surgery compared to the local CCG average of 78% and national average of 77%.
- 89% said the GP was good at listening to them compared to the local CCG average of 90% and national average of 89%.

- 88% said the GP gave them enough time compared to the local CCG average of 88% and national average of 86%.
- 96% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 96% said the nurse gave them enough time compared to the local CCG average of 93% and national average of 92%.
- 95% said they found it easy to get through to this surgery by phone compared to the local CCG average 75%, national average 71%.
- 91% described their experience of making an appointment as good compared to the local CCG average 74%, national average 73%.
- 95% said they find the receptionists at this surgery helpful compared to the local CCG average 75%, national average 71%.

These results were based on 105 surveys that were returned from a total of 360 sent out, a response rate of 29% and 3.8% of the overall practice population.

The practice carried out a survey of patients to generally gain the views of patients on telephone access, on-line access and access to the GP and nurse practitioner. Of the 50 patients surveyed, 91.6% expressed the opinion that the service had improved over the last year.

## Areas for improvement

### Action the service MUST take to improve

- Ensure there are effective systems and processes in place for the management of significant events and patients safety alerts are comprehensive.
- Ensure there are measures in place to mitigate the risks of health and safety to patients and the staff who use or work at the practice.
- Ensure a programme is in place for two cycle clinical audit which is clearly linked to patient outcomes.
- Ensure that practice policies and procedures are comprehensive and followed.
- Ensure that basic staff training is identified for each role within the practice.
- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this and ensure staff receive an annual appraisal.
- Ensure recruitment procedures are established and operate effectively.

# Summary of findings

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

- Have regular face to face staff meetings, to encourage whole team learning and to disseminate good practice.
- Continue to recruit patients to form a patient participation group.

# West View 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 a second CQC inspector.

## Background to West View Surgery

West View Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 2,700 patients from the following location; Stanhope Parade Health Centre, Gordon Street, South Shields, Tyne and Wear, NE33 4JP, we visited this address as part of the inspection.

West View Surgery is situated in purpose-built premises in South Shields which are shared with other primary medical and secondary services. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has one full time male GP; they had taken over the practice in July 2016. There are two practice managers who job share and both work 0.67 whole time equivalent (WTE). The practice is a partnership with the lead GP and one of the practice managers. There is a nurse practitioner WTE 0.53. There are five staff, all part time, who undertake administration duties, this includes one member of staff whose duties includes a health care assistants role in the practice.

The practice is open from 8:30am to 6pm Monday to Friday, with extended opening hours on a Monday evening until 7:45pm.

GP appointments are available at the following times:

- Monday 9:30am to 12:10pm, 3:30pm to 6pm and 6:30pm to 7:45pm
- Tuesday 9:30am to 12 noon and 12:30pm to 3pm
- Wednesday 9:30am to 12 noon and 12:30pm to 3pm
- Thursday 9am to 11.30am, GP is on call for emergency appointments in the afternoon.
- Friday 9:30am to 12 noon and 3pm to 5:30pm

Nurse practitioner appointments are available:

- Monday 9am to 6pm
- Wednesday 9am to 1:30pm
- Thursday 9am to 6pm.

The practice were able to provide early morning, late evening, weekend and bank holiday appointments as they were part of South Tyneside Health Collaboration, which is a federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients could contact the practice reception team to arrange appointments.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice website and in the practice leaflet.

The practice is part of NHS South Tyneside clinical commission group (CCG). The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

# Detailed findings

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 28 September 2017.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

Where significant events and incidents met the threshold criteria, these were added to the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS). There was a folder in reception containing forms for staff to complete if an event happened. The practice managers would then record these on SIRMS. We saw examples of what action had been taken with incidents from SIRMS. We were told by the practice managers that these would be discussed at the monthly multi-disciplinary meetings held in the practice. The practice could not assure us that all relevant staff were aware of the findings and conclusions of their significant events and therefore could not assure that such events could be avoided in the future. There had been four significant events recorded in the last 12 months. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Staff we spoke with were aware of what a significant event was and some could give us examples of when they had been involved in this process. However, they said that there were no staff meetings on a regular basis and feedback would sometimes be an adhoc discussion or an email from the practice manager.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts.

National patient safety alerts came to the practice via the practice manager's email. They disseminated the alerts they received to the most appropriate member of staff. We were told that this could be the GP, nurse or pharmacist. We discussed the alerts with these members of staff. They said the alerts were actioned. However, there was no system in place that assured the practice that either the relevant staff had read them and taken whatever action is needed.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for adult and child safeguarding, they were trained in level 3 child safeguarding. There were no minutes of safeguarding meetings. The GP told us that due to the practice being small meetings with the health visitor or other health care professionals were on an adhoc basis. Staff had received safeguarding training.
- Notices advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. The premises were clean and tidy. The nurse practitioner was the infection control lead. However, they had not received the training appropriate to the lead role. There were infection control policies in place. Regular infection control audits had been carried out. This identified issues which the nurse practitioner had ensured had been addressed within the practice. They had carried out hand hygiene training with staff.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.) There were arrangements in place to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Specific Directions (PSD) had been adopted by the practice, to enable the health care assistant to administer medicines in line with legislation. These were up-to-date and had been signed. (PSDs are written

## Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We saw the practice had a recruitment policy, however this was not comprehensive. For example the policy did not set out the requirements for DBS checks on staff, the requirement to obtain references or to carry out identity checks on new staff. We asked to look at the recruitment files of the last two members of staff to be recruited to the practice, both of whom joined in the last two years. We saw there was limited information in one member of staff's file, for example there were no interview notes, and although there were two references there was none from the previous employer. There was no recruitment file for the other member of staff. We were told this was because the previous provider of GP services had recruited this person and they would still have this information. We saw that checks had been made on locum GPs who were used regularly to work at the practice except for one GP who had previously worked at the practice. We were assured that before they were employed as a locum again their details would be checked. We saw that clinical staff had medical indemnity insurance and relevant checks were made with the professional bodies with which they were registered.

### Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There was a health and safety policy but no risk assessment. The practice had a fire risk assessment in place which had been arranged by the landlord of the building. We spoke to staff and they were aware of the

evacuation point in case of fire. We were told there had been a fire drill in the last twelve months but this was not documented. One member of staff had received fire and health and safety training, however, this was some time ago and there had been no up-to-date training for this person or for other staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We were told by the practice manager that there was a legionella risk assessment which the landlord NHS property services had carried out but this was not available on the inspection day. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice used locum cover; these were generally locums which they used often. There were rotas in place for administration staff cover.

### Arrangements to deal with emergencies and major incidents

Staff had received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. However, this was not comprehensive and did not include emergency contact numbers for utilities such as the local water supplier, it did not contain staff telephone numbers and there was not a copy held off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Local and national templates were used to ensure care was delivered in line with guidance.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 93.2% of the total number of points available to them. This was below the England average of 95.3% and the local clinical commissioning group (CCG) average of 96.3%. The QOF clinical exception rate was 8.6%, which was below the England average of 9.8% and the CCG average of 10.1%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

We asked the practice if they would share with us the results of the QOF for 2016/17 as these results were not yet available to us. We looked at the results with the staff and saw a slight improvement had been demonstrated. Overall they had achieved 94.8% of the points available to them. They said this was still a work in progress due to the lead GP being relatively new and only at the practice for a year.

The data for 2015/16 showed that the practice were below the England and CCG averages for four of the 19 clinical domain indicator groups, which included diabetes, dementia and mental health. They received maximum points for asthma and heart failure.

The practice were able to show us figures for the 2016/17 QOF year which showed that they had improved or remained stable in these four indicators, for example:

- Performance for diabetes related indicators was similar at 80.2% (2016/17) compared to 80.9% in the previous year's QOF (2015/16).
- Performance for mental health related indicators had improved to 92% (2016/17) compared to 66.2% in the previous year's QOF (2015/16).

On the inspection day we saw one two cycle clinical audit however, this lacked detail. There was no evidence of preparation or planning for the audit and it had no conclusions. The GP told us that they requested searches by the pharmacists for monitoring of patients. Following the inspection the practice sent us two other audits which according to the practice had been completed prior to our inspection. The audits were two cycle audits. However, their purpose was not clear and it was difficult to determine how they would improve patient care or patient outcomes.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role.
- We were unable to completely verify what staff training had been provided, on the day of inspection. There was no defined mandatory list of staff training. This made it difficult to verify what training staff had received. We saw certificates which confirmed that staff had received the relevant safeguarding and basic life support training. Some staff had received information governance training. If staff had received health and safety and fire training this was from some time ago and there were some staff which had not received this.
- The clinical training of the GP and nurse were documented. The practice had invested time and



# Are services effective?

## (for example, treatment is effective)

devised a training plan for the health care assistant who was new in post in the last year. They were studying towards a National Vocational Qualification (NVQ) in Health and Clinical Care.

- We saw examples of appraisals for the reception staff; they had all received an appraisal in the last year. However, both practice managers and the nurse practitioner had not received an appraisal.
- The GP at the practice had received their 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.)

### Coordinating patient care and information sharing

The practice had systems in place to plan and deliver care. Information on care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services. Multi-disciplinary team (MDT) meetings took place, we saw minutes of meetings which confirmed this. At these meetings knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care plan put in place. Patients on the practice palliative care register were also reviewed. The practice were developing a frailty register.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements,

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

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 71%, which was below the national average of 81%. The practice believed this was due to a large number of students from overseas who were registered at the practice. They told us that the wives of some students were also registered at the practice, and that it was difficult to engage with them and encourage them to attend the cervical screening programme. We saw the practice had taken measure to try and improve this figure. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 90%, compared to CCG averages of 92% to 100%. Patients had access to appropriate health assessments and checks, which included exercise and dietary advice and a smoking cessation programme. These included health checks for new patients with the health care assistant or GP if appropriate.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We reviewed 43 CQC comment cards completed by patients prior to the inspection. All of the comment cards contained positive comments about the practice. There were three unrelated negative comments about appointments. Common words used to describe the practice included, excellent care, friendly and caring staff and good service. We spoke with five patients on the day of our inspection and a member who the practice contacted about their views of the practice. They said they were satisfied with the care they received from the practice. Comments included: very good; helpful; and happy.

Results from the National GP Patient Survey in July 2017 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to the average for its satisfaction scores on consultations with doctors and generally higher for scores for nurses. For example, of those who responded:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 75% and the national average of 71%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey showed scores for doctors were comparable to local and national averages in relation to involvement in planning and making decisions about their care and treatment but higher for the nurses. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice manager told us that they had identified all patients with communication difficulties on the practice register and they had given their patients record a 'READ

## Are services caring?

code'. Read codes are coded clinical terms used by the NHS which can be recorded on clinical records, then the records can be searched using the codes at a later date or used to identify a patients needs when they attend the practice.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. Carers were The practice had devised a list of patients which it called Very Important Patients (VIP). These were patients who had been diagnosed with cancer, were

recently bereaved or a carer. The patients were READ coded on the practice computer system so that they could be identified by staff and receive the care they needed. There were 24 carers coded on the practice system which was less than 1% of the practice population. There was written information available for carers to help them understand the various avenues of support available to them in the practice waiting room. The practice had links to a Veterans Trauma Network and the Veterans Wellbeing Assessment Liaison Service (VWALS) if patients had been a member of the armed forces and would benefit from assistance from the groups.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice being a surgery with a small patients list and having staff who were long standing, prided itself on being able to provide a personal service. Staff would go the extra mile to recognise the additional needs or the difficulties patients had. We found that:

- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter if required.
- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations were available.
- Extended hours appointments were available until 7:45pm on a Monday evening.
- The practice were able to provide early morning, late evening, weekend and bank holiday appointments as they were part of South Tyneside Health Collaboration, which is a federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours.
- There was an antenatal clinic held at the practice every Tuesday afternoon and a baby immunisation clinic was held on Wednesday afternoons.
- There were disabled facilities and translation services available.
- Patients could order repeat prescriptions and obtain test results when the practice was open there was no time limitation to contact the practice.
- The practice provided an NHS travel vaccine service.
- Patients could use on-line access to book appointments and to order repeat prescriptions.

### Access to the service

The practice was open from 8:30am to 6pm Monday to Friday, with extended opening hours on a Monday evening until 7:45pm.

GP appointments were available at the following times:

- Monday 9:30am to 12:10pm, 3:30pm to 6pm and 6:30pm to 7:45pm
- Tuesday 9:30am to 12 noon and 12:30pm to 3pm
- Wednesday 9:30am to 12noon and 12:30pm to 3pm
- Thursday 9am to 11.30am, GP is on call for emergency appointments in the afternoon.

- Friday 9:30am to 12 noon and 3pm to 5:30pm

Nurse practitioner appointments were available:

- Monday 9am to 6pm
- Wednesday 9am to 1:30pm
- Thursday 9am to 6pm.

Patients who completed CQC comment cards completed prior to the inspection said they did not have to wait too long for an appointment and the reception staff were very accommodating.

There was good access to appointments. We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were urgent appointments available every day, the next routine appointment was within two working days.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 75% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

The practice had proactively monitored their telephone and appointments system in order to improve the service they provided. They carried out an audit of telephone calls at busy times to the practice to ensure they had enough staff to handle the demand of this. They carried out an audit to see if they were meeting the required average appointment time of 10 minutes. The practice also carried

# Are services responsive to people's needs?

(for example, to feedback?)

out a survey of patients to generally gain the views of patients on telephone access, on-line access and access to the GP and nurse practitioner. Of the 50 patients surveyed, 91.6% felt the service had improved over the last year.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. However, their complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. The policy was not comprehensive. It did not specifically contain

information regarding taking a complaint further than the practice, for example to NHS England or the Parliamentary and Health Service Ombudsman (PHSO). The practice information leaflet which was given to patients did not contain this information.

The practice managers handled all complaints in the practice. We saw the practice had received two formal complaints in the last 12 months and these had been investigated. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients. The full vision statement was on display in the waiting area of the practice. Staff we spoke to showed that they shared these values.

The practice did not have a business or action plan. The GP had taken over the practice in July 2016 and therefore was still relatively new to the practice.

### Governance arrangements

The governance arrangements did not always operate effectively.

- There was a staffing structure in place however staff were not always aware of their own roles and responsibilities; for example, there was no basic staff training plan or a mechanism to ensure that staff had received this training.
- The lead GP did not have non-clinical responsibilities and was not involved in the day to day running of the practice.
- There were policies and procedures in place; however these were not always comprehensive or reflected up to date guidance.
- There was no comprehensive system in place to manage patient significant events or patient safety alerts.
- We saw limited evidence of clinical audits, linked to quality improvement for patient's outcomes, being carried out.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care, however they did not work together to ensure this happened. Staff told us that they were approachable and always took the time to listen to all members of staff.

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. However, the systems the practice had in place for

knowing about notifiable safety incidents required improvement. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- There was a leadership structure in place and staff felt supported by management.
- The practice did not hold regular staff meetings to encourage whole team learning and to disseminate good practice. However, the practice was small and all of the administration staff worked together in the same office. The practice managers told us they had adhoc discussions regarding issues which would usually be an agenda item at a formal meeting. One of the practice managers showed us a folder of issues which needed to be cascaded to staff which would be sent out by email to staff. There were multi-disciplinary meetings held at the practice.

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

The practice had gathered feedback from patients via a survey they had commissioned themselves once the lead GP had been in post for a year. This looked at access to appointments. They had struggled to keep a patient participation group (PPG) which they had successfully had up until a couple of years ago. They could not get enough numbers of patients to hold regular meetings. They were still in touch with three patients who they regularly asked for feedback. We were able to speak to one of the patients who gave us positive feedback about the practice.

### Continuous improvement

The practice had carried out audits of telephone calls at busy times to the practice to ensure they had enough staff to handle the demand of this. They carried out an audit to see if they were meeting the required average appointment time of 10 minutes. These had proved positive feedback and had ensured that they had enough staff working at the right times.

The practice had invested time and devised a training plan for the health care assistant who was new in post in the last year. They were studying towards a National Vocational Qualification (NVQ) in Health and Clinical Care.

This section is primarily information for the provider

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes in not place for the management of significant events and patients safety alerts.</p> <p>There were no measures in place to mitigate the risks of health and safety to patients and the staff who use or work at the practice.</p> <p>There was no system or programme in place for two cycle clinical audit which is clearly linked to patient outcomes.</p> <p>Practice policies and procedures were not complete and did not sufficiently guide staff.</p> <p>Effective recruitment procedures were not in place.</p> <p>There was no overview of the training needs of staff.</p> <p>This was in breach of Regulation 17 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (a) (b) (d) (ii)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The practice could not demonstrate that staff had received the appropriate training. Not all staff received an annual appraisal.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing (2) (a)