Waterloo Medical Group

Quality Report

Blyth Health Centre
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Date of inspection visit: 9 February 2016
Date of publication: 20/05/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Waterloo Medical Group on 9 February 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and a highly effective system for reporting and recording significant events. The staff team took the opportunity to learn from all internal and external incidents.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- Outcomes for patients were consistently good. The Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed very well in obtaining 99.9% of the total points available to them for providing recommended care and treatment.
- The practice worked closely with other organisations when planning how services were provided, to ensure patients' needs were met.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment.
- The main practice and its branches had good facilities and they were well equipped to treat patients and meet their needs.
- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care. All staff were actively engaged in monitoring and improving quality and patient outcomes.

Summary of findings

- The leadership, governance and management of the practice assured the delivery of high-quality person-centred care, supported learning, and promoted an open and fair culture.

We also saw areas of outstanding practice:

- The practice has demonstrated leadership within the region through their proactive and lead role in developing the Blyth Acute Service (BAS) which provides patients with urgent same-day care. The service commenced in February 2015, and at the time of the inspection, 10,347 patients had used the service at least once. (This also includes patients from the adjacent practice.) A high proportion of these patients have used the service numerous times. Healthwatch Northumberland recently carried out a service of patients about the BAS. Most patients who responded were very positive about the service, and they said they received a better quality of care and treatment than they did before. This is outstanding because staff have worked hard to develop a new way of delivering urgent, same-day care which has improved patient access and outcomes.

However, there were also areas where the provider needs to make improvements. The provider should:

- Continue to review and improve telephone access to the practice and their appointment system.
- Ensure they have documentary or electronic evidence which confirms that NHS Property Services have completed the health and safety checks they are contracted to carry out.

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.

There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. The practice had clearly defined systems and processes that kept patients safe. However, the provider did not have access to documentary evidence to enable them to confirm that all of the required health and safety checks, carried out by NHS Property Services, had been completed. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place. The premises were clean and hygienic. Required pre-employment checks had been carried out for staff recently appointed by the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

Outcomes for patients were very good. The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.9% of the total points available to them for providing recommended care and treatment. This was 2% above the local CCG average and 4.9% above the England average. Patients' needs were assessed, and care was planned and delivered, in line with current evidence based guidance. Clinical audits demonstrated staff's commitment to quality improvement. Staff were consistent in supporting patients to live healthier lives, through a targeted and proactive approach to health promotion. This included promoting good health, and providing advice and support to patients, to help them manage their health and wellbeing. Staff worked effectively with other health and social care professionals to help ensure the range and complexity of patients' needs were met. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients were supported, treated with dignity and respect, and were involved as partners in their care. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations

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was either above, or broadly in line with, the local CCG and national averages. Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Patients told us they were treated with compassion, dignity and respect, and they felt well looked after. Information for patients, about the range of services provided by the practice, was available and easy to understand. Staff had made good arrangements to help patients and their carers cope emotionally with their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Staff had taken on a lead role in planning and developing services within their locality. They were actively contributing to the development and delivery of an innovative way of providing urgent, same-day care to patients. Staff worked closely with other organisations and with the local community to plan how services were provided, to ensure they met patients' needs and offered flexibility, choice and continuity of care. Patients we spoke with, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments, and they said they were able to obtain an appointment in an emergency. Results from the NHS GP Patient Survey of the practice, showed that patient satisfaction levels with the convenience of appointments was better than the national average and, in relation to appointment waiting times, were higher than both the local CCG and national averages. However, patient satisfaction regarding telephone access and appointment availability, were lower. Staff had been proactive in addressing these concerns. They had closely monitored patient feedback, and used this to help further improve the care and treatment they provided, such as developing the Blyth Acute Service to offer patients access to same-day urgent care.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to any issues raised.

Are services well-led?

Good

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

The practice's leadership and governance arrangements actively encouraged and supported a culture, which consistently focussed on how high quality, person centred care, could be delivered and improved. The practice showed leadership across the local region by developing new ways of providing same-day urgent care. All of the staff we spoke to were proud to work for the practice, and had a

Summary of findings

clear understanding of their roles and responsibilities. The practice had good governance and performance management arrangements, and had clearly defined and embedded systems and processes, that kept patients safe. There was a clear leadership structure and staff felt well supported by the GPs and the practice manager. Regular clinical management, nursing and multi-disciplinary team meetings took place which helped to ensure patients received effective and safe clinical care. The practice actively sought feedback from patients via their Friends and Family Test survey and patient participation group. There was a strong focus on, and commitment to continuous learning and improvement, at all levels within the practice.

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 Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them, for providing care and treatment to patients who had heart failure. This was 1.1% above the local clinical commissioning group (CCG) average and 2.1% above the England average. The practice offered proactive, personalised care which met the needs of their older patients. All patients over 75 years of age had a named GP who was responsible for their care. Staff were participating in a local care homes project to look at better ways of supporting the high-risk patients who lived in them. Staff worked closely with other healthcare professionals to meet the needs of patients requiring palliative and end of life care, and to help prevent acute unplanned admissions into hospital.

People with long term conditions

Good

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

Nationally reported QOF data, for 2014/15, showed the practice had performed well, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them, for providing care and treatment to patients who had diabetes. This was 5% above the local CCG average and 10.8% above the England average. Nursing staff held lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long-term conditions were offered a structured annual review, to check their health needs were being met and that they were receiving the right medication. A good call and recall system was in place, which helped ensure that all patients requiring an annual review received one. Clinical staff were very good at working with other professionals, to deliver a multi-disciplinary package of care to patients with complex needs.

Families, children and young people

Good

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

Summary of findings

There were systems to identify and monitor children who were at risk. Alerts had been added to the records of at-risk children, or those subject to child protection procedures, to help ensure staff were aware of who they were, so this could be taken into account during any consultations. Regular 'Supporting Families' meetings took place, to help ensure information about vulnerable children and families was shared with the relevant health and social professionals, and to identify and manage potential risks. Appointments were available outside of school hours and the main practice and branch surgery premises were suitable for children and babies. The practice offered a range of contraceptive services as well as sexual health advice. Staff had targeted younger patients through a poster campaign, and a member of staff acted as the Young Person's Champion, to help raise their profile within the practice. The practice had performed well in delivering childhood immunisations. Publicly available information showed that all of their immunisation rates were above 90%. Nationally reported data showed the practice's performance in relation to the delivery of their cervical screening programme was comparable with other practices.

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).

Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data, for 2014/15, showed the practice had obtained 100% of the overall points available to them for providing care and treatment to patients who had hypertension. This was 0.3% above the local CCG average and 2.2% above the England average. Staff had assessed the needs of this group of patients and developed their services, to help ensure they received a service which was accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.

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.

There were good arrangements for meeting the needs of vulnerable patients, including those who had learning disabilities. The QOF data, for 2014/15, showed the practice had obtained 100% of the points available to them, for providing recommended care and treatment to patients who had learning disabilities. This was in line with the local CCG average and 0.2% above the England average.

Summary of findings

Staff maintained a register of patients with learning disabilities, which they used to ensure they received an annual healthcare review, provided by a dedicated clinician. Staff offered extended appointments for these reviews and they could take place at the patient's home if needed. Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. A chaperone service was available to help safeguard patients. The practice kept a register of patients who were also carers and was using this to help provide them with appropriate services.

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).

There were good arrangements for meeting the needs of patients with specific mental health needs, including depression. Nationally reported QOF data, for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. The data showed that 77.4% of these patients had a documented care plan, which had been agreed with their carers during the preceding 12 months. This was 3.1% above the local CCG average and 0.2% above the England average. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations. Staff kept a register of patients who had mental health needs, to make sure they received the support they required. The practice's clinical IT system clearly identified these patients to ensure staff were aware of their specific needs.

The arrangements for meeting the needs of patients who had dementia were also good. Nationally reported QOF data, for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. This was 0.9% above the local CCG average and 5.5% above the England average. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them, to help make sure clinical staff were aware of their specific needs. Clinical staff, including the practice's healthcare assistant, actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe. All staff had become Dementia Friends to help raise the profile of dementia patients registered at the practice.

Summary of findings

What people who use the service say

Feedback from the majority of patients was positive about the way staff treated them. We spoke with three patients from the practice's patient participation group. They told us they were treated with compassion, dignity and respect, and felt well looked after. As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received nine completed comment cards and the majority of these were positive about the standard of care provided. Words used to describe the service included: excellent; very professional and caring; polite and good at her job; very good; willing to help; very helpful and respectful; environment is always safe, secure and hygienic.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations was mostly either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. The data also showed that patient satisfaction levels with the convenience of appointments and appointment waiting times, was either better than, or in line with, the local CCG and national averages. However, despite the innovative work undertaken by the practice to develop the Blyth Acute Service (branch), patient satisfaction with telephone access and appointment availability, was lower than the local CCG and national averages. The majority of patients who provided feedback on the CQC comment cards raised no concerns about access to appointments. Of the patients who responded to the National NHS GP Patient Survey:

- 91% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 93% said the last GP they saw was good at listening to them, compared to the local CCG average of 91% and the national average of 89%.
- 97% had confidence and trust in the last nurse they saw. This was just below the local CCG average of 99% and in line with the national average.
- 95% said the last nurse they saw was good at listening to them, compared with the local CCG of 94% and the national average of 91%.
- 93% said the last appointment they got was convenient. This was in line with the local CCG average and above the national average of 92%.
- 65% described their experience of making an appointment as good, compared with the local CCG average of 76% and the national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 65% found it easy to get through to the surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.

  (284 surveys were sent out. There were 111 responses, which was a response rate of 45%. This equated with 0.79% of the practice population.)

Areas for improvement

Action the service SHOULD take to improve

- Continue to review and improve telephone access to the practice and their appointment system.
- Ensure they have documentary or electronic evidence which confirms that NHS Property Services have completed the health and safety checks they are contracted to carry out.

Summary of findings

Outstanding practice

- The practice has demonstrated leadership within the region through their proactive and lead role in developing the Blyth Acute Service (BAS) which provides patients with urgent same-day care. The service commenced in February 2015, and at the time of the inspection, 10,347 patients had used the service at least once. (This also includes patients from the adjacent practice.) A high proportion of these patients have used the service numerous times. Healthwatch Northumberland recently carried out a service of patients about the BAS. Most patients who responded were very positive about the service, and they said they received a better quality of care and treatment than they did before. This is outstanding because staff have worked hard to develop a new way of delivering urgent, same-day care which has improved patient access and outcomes.

Waterloo Medical Group

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 adviser and a practice professional with a background in practice management.

Background to Waterloo Medical Group

Waterloo Medical Group provides care and treatment to 14,004 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG) and provides care and treatment to patients living in Blyth, Seaton Sluice and Newsham. We visited the following locations as part of the inspection:

Waterloo Medical Group, Blyth Health Centre, Thoroton Street, Blyth, Northumberland, NE24 1DX.

Newsham Surgery, 57 Newcastle Road, Blyth, Northumberland, NE24 4AW.

Blyth Acute Service, Blyth Community Hospital, Thoroton Street, Blyth, Northumberland, NE24 1DX.

The practice serves an area where deprivation is higher than the England average. The practice population includes more patients who are under 18 years of age, and over 65 years of age, than the England averages. The practice had a higher deprivation score, and a higher number of patients with a long-standing health condition, than the England averages. A low proportion of patients were from ethnic minority backgrounds.

The main practice is located in a purpose built health centre at the Community Hospital in Blyth and provides patients with fully accessible treatment and consultation rooms. The Blyth Acute Service is also located within the Blyth Community Hospital. The Newsham surgery is located in an adapted building. All three sites provide disabled access. The practice has four GP partners (one male and three women), two salaried GPs (female), three nurses (female), two healthcare assistants, a practice manager, a physiotherapist, a medicines manager and a small team of administrative and reception staff. The practice is a teaching practice and provides placements to 3rd year medical students. When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, and the NHS 111 service.

GP opening hours and appointment times are as follows:

Waterloo Medical Group (Blyth Health Centre): Monday to Friday: 8am to 6:30pm. Saturday: pre-booked appointments only: 8am to 2:30pm.

(Weekdays: the first appointment is at 8:10am and the last one is at 5:30pm. Saturday: the first appointment is at 8:10am and the last one is at 2:20pm.)

Newsham branch surgery: Monday to Friday: 8am to 5:30pm.

(Monday to Friday: the first appointment is at 8:30am and the last one is at 5:20pm.)

Blyth Acute Service: Monday to Friday: 8am to 6:30pm.

(Monday to Friday: the first appointment is at 8:30/8:40am and the last one is at 6:20pm.)

Detailed findings

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008: to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit:

- We spoke with a number of staff, including two GPs, the practice manager, a practice nurse, the medicines manager, and staff working in the administrative and reception team.
- We observed how patients were being cared for and reviewed a sample of the records kept by staff.
- We reviewed nine Care Quality Commission (CQC) comment cards in which patients shared their views and experiences of the service.
- We spoke with three patients from the practice's patient participation group.

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.)

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. We found that, following each incident, staff had completed a significant event or incident form. These provided details of what had happened, what staff had done in response and what had been learnt as a consequence. Copies of significant event reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately, and that learning had been disseminated via staff meetings and the intranet. Staff told us any immediate concerns would be shared with the practice manager and discussed at the daily manager's meeting. Annual significant event and quarterly incident reviews were carried out, to help identify common themes and patterns. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement).

The practice had an effective system for responding to safe alerts. All safety alerts received by the practice were forwarded to relevant staff, including the medicines manager, so that appropriate action could be taken in response. All of the staff we spoke with were aware of the system for handling safety alerts and said it worked effectively. A log was maintained which provided details of the alerts received, the action taken by staff and the date on which any action required had been completed.

Overview of safety systems and processes

The practice had a range of systems and processes in place which helped to keep patients and staff safe and free from harm. There were policies and procedures for safeguarding children and vulnerable adults. Staff told us they were able to easily access these. A designated GP acted as the children and vulnerable adults safeguarding lead, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities and all had received safeguarding training relevant to their role. For example, the GPs had completed Level 3 child protection training. Children at risk were clearly identified on the practice's clinical IT system, to ensure clinical staff took this into account during consultations. Failure to respond to requests for children to attend for immunisations were shared with the health visitor team. A protocol was in place which helped ensure that all children attending Accident and Emergency Departments were reviewed by one of the GPs.

The practice's chaperone arrangements helped to protect patients from harm. All of the staff who acted as chaperones were trained for this role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults). The chaperone service was advertised on posters displayed in the waiting area.

There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. Arrangements had been made to test electrical equipment at all three sites. However, the practice manager did not have access to the outcome of the checks carried out at the Blyth Acute Service (BAS).

A fire risk assessment had been completed for the main practice. A separate company had been engaged to carry out the fire risk assessment and fire safety checks for the Newsham branch surgery. NHS Property Services had carried out a fire risk assessment for the Blyth Acute Service. However, the practice manager did not have access to this at the time of the inspection. Fire drills and fire safety checks had been carried out at the main practice and the Newsham branch surgery. NHSE Property Services undertook these checks for the BAS and there was evidence the fire alarms had been tested each week and the fire extinguishers had been checked during the previous 12 months. Staff had also completed a good range of other risk assessments and these included evidence of actions taken to address any risks identified.

Appropriate standards of cleanliness and hygiene were being maintained at all three practice sites. The practice had a designated infection control lead, who had completed training to help them carry out this role effectively. There were infection control protocols in place

and staff had received relevant training. An infection control audit had been carried out in 2015, to identify whether any further action was needed to reduce the risk of the spread of infection. Although a documented action plan had not yet been completed to address the shortfalls identified, this was being prepared by a member of the nursing team. Legionella risk assessments had been carried out by the local water company for the main practice and the Newsham branch surgery. However, although an assessment had been carried out by NHS Property Services for the Blyth Community Hospital, the practice manager did not have access to this information. Appropriate arrangements had been made for the disposal of clinical waste at all three sites. However, the practice manager did not have documentary evidence confirming this for the BAS site**.** (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

The arrangements for managing medicines, including emergency drugs and vaccines, helped to keep patients safe. Designated staff held lead responsibilities for the practice's medicines management processes and systems. Staff were able to access medicines management support, provided by a medicines manager two days a week. Work undertaken by the medicines manager included, for example, providing staff with information about local prescribing guidelines and helping the GPs and the nurse prescriber to look at ways of improving and reducing prescribing. There was a good system for monitoring repeat prescriptions and carrying out medicines reviews. Medicine reviews for high-risk patients were carried out by local pharmacy staff. Prescription pads were securely stored to reduce the risk of mis-use or theft. Controlled drugs stock was minimal and staff were reviewing this to determine whether it was beneficial to continue to store this type of medicine. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records.

Required pre-employment checks had been carried out for staff recently appointed by the practice. We looked at a sample of four staff recruitment files. Checks had been carried out to make sure that clinical staff continued to be registered with their professional regulatory body. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications. They had also carried out DBS checks. Where possible, the provider had obtained evidence about each staff member's conduct during their most recent period of employment.

There were suitable arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. Non-clinical staff had been trained to carry out all reception and administrative roles, to help ensure the smooth running of the practice. In addition to this, some administrative staff had also completed extra training to help them carry out designated roles and responsibilities to help ensure key tasks were carried out safely. The practice had a full complement of nursing staff. However, due to the recent retirement of a GP partner, interim arrangements had had to be made to maintain appropriate clinical staffing levels until permanent GP staff could be recruited. The practice had recently been successful in recruiting two new GP staff.

Arrangements to deal with emergencies and major incidents

The practice had made arrangements to deal with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency. All staff had completed basic life support training. The practice had a business continuity plan for major incidents, such as a power failure or building damage. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site by key individuals.

Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates. The GPs also kept some emergency medicines in their 'Doctor's Bag'. We were told these were not currently standardised and that each GP decided what they kept in their bag. A system was in place to ensure the GPs were alerted to expiry date deadlines. Staff also had access to a defibrillator and oxygen for use in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment 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 made arrangements to keep all clinical staff up-to-date with new guidelines. For example, one of the GPs had delivered a presentation at a recent monthly education meeting, following the introduction of the NICE guidance on diagnosing and managing the menopause, which included an update on Hormone Replacement Therapy (HRT) prescribing.

Management, monitoring and improving outcomes for people

Staff used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor outcomes for patients. These outcomes were consistently good. (QOF is intended to improve the quality of general practice and reward good practice.)

The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.9% of the total points available to them, for providing recommended care and treatment, with a 15.7% exception reporting rate. This rate was 6.4% above the clinical commissioning group (CCG) average and 6.5% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

We spoke to one of the GPs about the higher than average exception reporting rate. They told us that, after being informed at their previous CQC inspection, that the practice's was lower than the local CCG and England averages, the practice had become proactive at exempting patients who failed to respond to requests to attend for reviews. In addition, we were told that a proportion of this above average rate was felt to be accounted by new patients registering near to the QOF year end for whom it had not been possible to complete a full chronic disease review. They told us the practice would take steps to review their exception reporting rate following this inspection.

Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.2% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had asthma. This was 0.7% above the local CCG average and 2.6% above the England average.
- 100% of the total points available to them for providing recommended clinical care to patients diagnosed with diabetes. This was 5% above the local CCG average and 10.8% above the England average.

Although the practice had not obtained all of the points available to them for providing recommended care and treatment to patients who had had a stroke and transient ischaemic attack, their performance was still above the local CCG and national averages.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. We looked at two of the full clinical audits that had been carried out during the previous 24 months. These were relevant, showed learning points and evidence of changes to practice. The clinical audits were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made. For example, the practice had, on reviewing their prescribing data on the use of Amiodarone (used to treat heart rhythm disorders), decided to look at their arrangements for monitoring patients who took this medication. This had led to improvements in how the needs of this group of patients were monitored, to ensure they received the right blood tests at the right time.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. They had received the training they needed to carry out their roles and responsibilities effectively. This included training on safeguarding vulnerable patients, basic life support and infection control. Nursing staff had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. They had completed training in, for example, travel & child immunisations, cervical screening and spirometry (a test that can help

Good

Are services effective?

(for example, treatment is effective)

diagnose various lung conditions). Staff made use of e-learning training modules and in-house training, to ensure they kept up-to-date with their mandatory training. All staff had received an annual appraisal of their performance and the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients, to help them manage their long-term conditions. All relevant information was shared with other services, such as hospitals, in a timely way. The practice had a rigorous protocol for handling and screening hospital correspondence, which was known by all of the staff we spoke with. A GP 'buddy' system ensured that key tasks were carried out when GPs took leave. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and men and women aged between 40 and 74 years of age. There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks. One of the salaried GPs had prepared advice on minor ailments, to be included in the practice's information leaflet. This had been emailed to over 1,500 targeted patients. A regular newsletter also provided patients with advice about how to deal with minor ailments and common health concerns.

The practice had a comprehensive screening programme. Nationally reported QOF data showed the practice's uptake for their cervical screening programme, although lower than the national average, 74.46% compared to 81.83%, was broadly comparable with those of other practices. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance. The practice had also performed well by obtaining 100% of the overall points available to them, for providing contraceptive services to women, in 2014/15. This was 1.9% above the local CCG average and 3.9% above the England average.

Patients were also supported to stop smoking. The QOF data showed that, of those patients aged over 15 years who smoked, 91.4% had been offered support and treatment during the preceding 24 months. This was just below the local CCG and the England averages by 2.7% and 1.8% respectively. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The practice offered a full range of immunisations for children. They had performed well in delivering these immunisations. Publicly available information showed that all of their immunisation rates were above 90%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were committed to providing care that was kind and which promoted patients' dignity. Throughout the inspection staff were courteous and helpful to patients who attended the practice, or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations so that conversations could not be overheard. Reception staff said that a private space would be found if patients needed to discuss a confidential matter.

Feedback from the majority of patients was positive about the way staff treated them. We spoke with three patients from the practice's patient participation group. They told us they were treated with compassion, dignity and respect, and felt well looked after. As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received nine completed comment cards and the majority of these were positive about the standard of care provided. Words used to describe the service included: excellent; very professional and caring; polite; very good; willing to help; very helpful and respectful; environment is always safe, secure and hygienic.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations was either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 90% found receptionists at the practice helpful, compared with the local CCG average of 89% and the national average of 87%.
- 91% had confidence and trust in the last GP they saw, compared with the local CCG of 96% and the national average of 95%.
- 93% said the last GP they saw was good at listening to them, compared to the local CCG average of 91% and the national average of 89%.
- 90% said the last GP they saw was good at giving them enough time, compared with the local CCG average of 89% and the national average of 87%.
- 97% had confidence and trust in the last nurse they saw. This was just below the local CCG average of 99% and in line with the national average.
- 95% said the last nurse they saw was good at listening to them, compared with the local CCG average of 94% and the national average of 91%.
- 91% said the last nurse they saw was good at giving them enough time, compared with the local CCG average of 95% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff gave them enough time to explain why they were visiting the practice, and involved them in decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding involvement in decision-making during GP consultations were either above, or broadly in line with, the local CCG and national averages. However, patients were less satisfied with this aspect of their care and treatment during their consultations with nurses. Of the patients who responded to the survey:

- 90% said the last GP they saw was good at explaining tests and treatment. This was in line with the local CCG average and above the national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 86% and the national average of 82%.
- 81% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.
- 80% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Staff were exceptionally good at helping patients and their carers cope emotionally with their care and treatment. They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence. Notices in the patient waiting room told patients how to access a range of support groups and organisations. The practice had produced a leaflet outlining the support they provided to young people under 16 years of age. This included information about how young people could contact the practice's Young Person's Champion for advice regarding the confidential services provided by the practice.

The practice was committed to supporting patients who were also carers. Staff maintained a register of patients who were carers, and used this information to help target their annual influenza vaccination campaign. There were 150 patients on this register, which equated to 1.7% of the practice's population. The practice manager told us they had plans in place to increase the numbers of carers on the register, and to use this information to provide carers with greater levels of support. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers, to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- The practice demonstrating leadership within the region through their proactive and lead role in developing the Blyth Acute Service (BAS) which provides patients with urgent same-day care. The service commenced in January 2015, and at the time of the inspection, 10,347 patients had used the service at least once. Healthwatch Northumberland recently carried out a service of patients about the BAS. Most patients who responded were very positive about the service, and they said they received a better quality of care and treatment than they did before.

- Providing all patients over 75 years of age with a named GP who was responsible for their care. One of the salaried GPs held lead responsibilities for monitoring the needs of the practice's high-risk patients. This included meeting with the community matron to update the out-of-hours and high-risk patient registers, reviewing the emergency care plans of high risk patients and collaborating with other healthcare professionals, to ensure the needs of this group of patients were met.

  Clinical staff undertook home visits for older patients who would benefit from these. In addition to this, the practice was participating in the Blyth Nursing Home Project, the aim of which is to provide patients living in local care homes, with prompt ongoing care and treatment. A member of the GP team, and a dedicated member of administrative staff, held lead responsibilities for making sure that safe prescribing was taking place, for patients living in care homes. Individual GPs were responsible for a specific care home, to help promote continuity of care. Good arrangements were in place which supported staff to work with their healthcare colleagues, to support patients with palliative and end of life needs. Monthly multi-disciplinary meetings included a review of the needs of patients on the palliative care register. Staff told us they worked closely with a local consultant geriatrician, to help initiate prompt face-to-face assessments, thereby reducing the risk of acute, unplanned admissions into hospital. Evidence obtained during the inspection showed the uptake of influenza, pneumococcal and shingles vaccinations by older patients, was high.

- The provision of an annual review for all patients with long-term conditions, so their needs could be assessed, and appropriate care and advice given about how to manage their health. The practice had also adopted the 'Year of Care' approach as their model for providing personalised care to patients with diabetes. All these patients received an initial appointment with a health care assistant in their birth month, so that any required tests could be carried out. When patients received their test results, this was followed by an invitation to attend a second appointment with a practice nurse. This consultation focussed on system, which helped ensure that all patients who needed an annual review received one. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice. Where patients were considered vulnerable, the clinical team made further attempts to contact them.

  Patients with dermatological needs were able to access tertiary care, provided by one of the GPs who worked in the skin cancer screening clinic at a local hospital. Clinical staff, in collaboration with the medicines manager, held lead responsibilities for making sure that the needs of patients with chronic obstructive pulmonary disease (COPD) were met. In particular, staff were actively taking steps to make sure each COPD patient had been provided with appropriate rescue medication, to help them cope with their condition if their health deteriorated. Following the issue of recent local COPD guidelines, a care plan template had been drafted ready for use.

- Good arrangements for meeting the needs of patients with specific mental health needs, including depression. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, including the provision of leaflets informing them how to self-refer. Alcohol screening took place during new patient assessments and, where appropriate, patients were signposted to the

Good

Are services responsive to people's needs?

(for example, to feedback?)

Northumberland Recovery Partnership organisation. Systems were in place to help staff safely support patients with mental health needs. For example, any faxes received from local mental health services about contact they had had with patients were shared with the duty doctor, to identify whether an urgent response was necessary. Staff had received training to help them respond appropriately to patients whose behaviour might be challenging because of deterioration in their mental health needs. The practice had signed up to the Health Champions Scheme, and we were given evidence of how this had positively impacted on the lives of some patients who had mental health needs. As part of the scheme, staff hosted and supported armchair exercise sessions, art and craft groups and a cancer support group.

- Good arrangements for meeting the needs of patients who had dementia. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs. Clinical staff, including the practice's healthcare assistant, actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe.
- Good arrangements for meeting the needs of patients with learning disabilities. The practice provided these patients with access to an extended annual review carried out by a dedicated clinician, to help make sure they received the healthcare support they needed.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. For example, there was a disabled toilet at the main practice which had suitable aids and adaptations, and there was also disabled parking available.
- Making good arrangements to meet the needs of children, families and younger patients. For example, staff had completed safeguarding training, PREVENT training aimed at reducing the risks faced by young people from international terrorism) and training on Female Genital Mutilation, in order to help them keep vulnerable patients safe. Alerts had been added to the records of at-risk children, or those subject to child protection procedures, to help ensure staff were aware of who they were, so this could be taken into account during any consultations. Regular 'Supporting Families' meetings took place to help ensure information about vulnerable children and families was shared with the relevant health and social professionals, and to identify and manage potential risks. Same-day appointments were provided for children who were ill. The practice offered a range of contraceptive services as well as sexual health advice.The practice provided a combined post-natal and six-weekly baby check, so that new mothers could access any advice or help they needed to keep their baby healthy. A full range of immunisations was provided, and the uptake rate, for those immunisations where information was available to us, was over 90%. Staff had targeted younger patients through a poster campaign, and a member of staff acted as the Young Person's Champion, to help raise their profile within the practice.
- The practice had assessed the needs of working age patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.

Access to the service

GP opening hours and appointment times are as follows:

Waterloo Medical Group (Blyth Health Centre): Monday to Friday: 8am to 6:30pm. Saturday: pre-booked appointments only: 8am to 2:30pm.

(Weekdays: the first appointment is at 8:10am and the last one is at 5:30pm. Saturday: the first appointment is at 8:10am and the last one is at 2:20pm.)

Newsham branch surgery: Monday to Friday: 8am to 5:30pm.

(Monday to Friday: the first appointment is at 8:30am and the last one is at 5:20pm.)

Blyth Acute Service: Monday to Friday: 8am to 6:30pm.

(Monday to Friday: the first appointment is at 8:30/8:40am and the last one is at 6:20pm.)

Good

Are services responsive to people's needs?

(for example, to feedback?)

All routine consultations were by appointment only and could be booked by telephone, in person or on-line. Extended hours appointments were offered at the main practice site and the Newsham branch surgery on a Saturday morning.

In addition to the above, patients were able to access the Blyth Acute Service (BAS), based in the Blyth Community Hospital, for urgent same-day care. (The BAS is a branch of the main practice.) In response to concerns raised by patients about access to urgent appointments, and the increasing demands being placed upon the clinical team, the practice manager had taken on a lead role in developing this service, in collaboration with an adjacent practice, to provide patients with access to same-day care. Doctors and nurses from both practices provided urgent telephone triage, as well as face-to-face assessments, of any patient, from either practice, requiring same-day care. Systems and processes had been put in place to support the delivery of the new service. Staff told us the BAS worked well and that feedback from patients about the new service was positive.

Results from the NHS GP Patient Survey of the practice, published in Febuary 2016, showed that patient satisfaction levels with the convenience of appointments and appointment waiting times, was either better than, or in line with, the local clinical commissioning group (CCG) and national averages. However, despite the innovative work undertaken by the practice to develop the BAS, patient satisfaction with telephone access and appointment availability, was lower than the local CCG and national averages. Of the patients who responded to the survey:

- 93% said the last appointment they got was convenient. This was in line with the local CCG average and above the national average of 92%.
- 76% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 76% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 74% and the national average of 65%.
- 65% found it easy to get through to the surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.

The majority of patients who completed CQC comment cards raised no concerns about access to appointments. The development of the BAS demonstrated the GP partners and practice manager had listened to, and acted on, feedback from patients about telephone access and the availability of same-day appointments. The practice manager told us they continued to monitor the appointment system daily and, where necessary, made adjustments to staffing levels which reflected the demands placed on the practice.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received and a complaints policy which provided staff with guidance about how to handle complaints. Information about how to complain was available on the practice's website and was also on display in the patient waiting areas. The practice had received 14 complaints during the previous 12 months. In response to these, improvements had been made to the practice's systems and processes, and where appropriate, some staff had undergone additional training, to help improve their performance.

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 leadership, governance and culture at the practice actively encouraged and supported the delivery of high-quality, person-centre care. The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. Staff worked closely with colleagues from an adjacent practice to improve services offered to patients. This included the development of the Blyth Acute Service branch which offers urgent, same-day care to patients from both practices. Information about the practice's commitment to providing patients with good quality care and treatment was available on their website and had been included in their information leaflet and statement of purpose. All of the staff we spoke to were aware of the practice's vision, were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

There were good governance and performance management arrangements in place. The practice had policies and procedures to govern staff's activities and there were systems to monitor and improve quality and identify areas of risk. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Good arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. Clinical audits had been carried out and staff were able to demonstrate how these led to improvements in patient outcomes. Staff held lead roles which helped them to monitor the practice's performance. The practice proactively sought feedback from patients using the Friends and Family Test survey. The most recent data available on the NHS England website indicated that out of the 20 responses received by the practice, 13 patients reported that they would be likely to recommend the service to families and friends. (Only two patients said they would be unlikely to recommend the practice.) They also had an active patient participation group, which they encouraged to provide feedback on how services were delivered and what could be improved.

Leadership, openness and transparency

The leadership team had a clear shared purpose, and they worked hard to deliver a quality service and inspire and motivate staff. There was a clear leadership and management structure, and staff told us the practice was well led and they felt well supported. The GPs, nurses and practice manager had the experience, capacity and capability to run the practice and ensure high quality compassionate care. A culture had been created which encouraged and supported learning at all levels.

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

The practice encouraged and valued feedback from patients and staff. It had an active patient participation group (PPG) which met regularly throughout the year. Members of the group told us the practice manager and a GP usually attended, and discussion items ranged from, for example, the appointment system to the practice's plans for the future. They also said they felt staff welcome their views and opinions and that they had been asked to comment on the action plan that had been put in place, following the feedback received from the last survey of patients by the practice. This action plan had also been informed by feedback from staff and it included, for example, the promotion of the practice's on-line services. Staff had also gathered feedback from patients through their Friends and Family Test survey.

It was also very evident that the GP partners and practice manager valued and encouraged feedback from their staff. Arrangements had been made which ensured that all staff received an annual appraisal.

Continuous improvement

There was a very strong focus on continuous learning and improvement at all levels within the practice. Regular joint education meetings were held with another local practice, to provide opportunities for shared learning and reflection. A recent meeting had focussed on clinical cancer referral rates, to help improve how these were handled. One of the GP partners told us the practice operated a mentoring scheme for salaried GPs and they said this worked well. The clinical team demonstrated their commitment to continuous learning by completing 'Good Clinical Practice' research training, to provide evidence that the research the GPs and nurses were involved in complied with relevant standards. A member of the GP team acted as the respiratory lead for the local clinical commissioning group

Are services well-led?

Good

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

(CCG), to help improve the provision of services within the locality for patients with respiratory conditions. Staff told us they were actively encouraged and supported to access relevant training. Clinical and quality improvement audits were also carried out to help improve outcomes for patients.