

Riversdale Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Riversdale Surgery on 15 November 2016. Overall, the practice is rated as good.

We found the practice had made a number of improvements since our previous inspection, on 29 July 2015, when they were rated as requires improvement. Our key findings across all the areas we inspected were as follows:

- Staff had taken action to address the concerns we had previously identified regarding the lack of governance in relation to the management of potential health and safety risks, and a failure to ensure staff had completed appropriate training. However, during this inspection, we found the arrangements for managing medicines were not always effective. Otherwise, all other risks to patients' safety were effectively managed.

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Services were tailored to meet the individual needs of patients and were delivered in a way that ensured flexibility, choice and continuity of care.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.6% of the total points available to them, for providing recommended care and treatment. (Just before we published this report, the QOF data for 2015/16 was

Summary of findings

released. This showed that the practice had achieved an equally good QOF performance, with an overall achievement of 99.3% compared to the local Clinical Commissioning Group average of 98.2% and the national average of 95.3%.)

- There was a strong patient-centred culture. Patients were treated with compassion, dignity and respect.
- The practice and its branch surgery had good facilities and were well equipped to treat patients and meet their needs.
- Clinical leadership encouraged openness and transparency, and promoted an open culture, where staff felt well supported.

We saw one area of outstanding practice:

- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with access to appointments, was very good. For example: 99% of patients said the last appointment they got was convenient, compared to the local Clinical Commissioning Group (CCG) average of 93% and the national average of 92%; 94% said they 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%; 81% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

In addition, patients were very satisfied with the caring approach of staff. For example, 97% said they found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

The areas where the provider must make improvements are:

Ensure medicines are managed safely and appropriately. Specifically, make sure there are rigorous systems in place for ensuring:

- Patient Specific Directives and Patient Group Directions are used in line with national guidance.
- Staff follow the practice's policy regarding the storage of medicines at the required temperatures.
- Prescription pads are stored securely in line with national guidance.

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

- Record all dispensing 'near-misses', including those highlighted by the accuracy checking scanner used as part of the dispensing process.
- Improve how the practice identifies patients who are also carers.

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.

Requires improvement



- Since the last inspection of the practice, staff had taken action to address the concerns we had previously identified regarding the lack of governance in relation to the management of potential health and safety risks. However, we found that the arrangements for managing medicines were not always effective. Apart from this, other potential risks to patients' safety were effectively managed. For example, appropriate employment checks had been carried out on staff. Effective arrangements were in place to ensure that all equipment was maintained in good working order.
- The main practice and its branch surgery were clean and hygienic, and effective infection control processes were in place.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Since the last inspection of the practice, staff had taken action to address the concerns we had previously identified regarding the provision of role specific training to staff, and the need to evidence that this had taken place. During this inspection, we found that, overall, there was clear evidence confirming staff had completed the mandatory training considered necessary by the provider.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.6% of the total points available to them, for providing recommended care and treatment. This was above the local clinical commission group (CCG) average of 97.6% and the England average of 94.8%.
- Patients' needs were assessed, and care was planned and delivered, in line with current evidence based guidance.

Summary of findings

- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Staff supported patients to live healthier lives through the health promotion work they carried out. This included providing advice and support to patients to help them manage their health and wellbeing.
- Clinical staff had completed the role specific clinical training they needed to meet patients' needs, and all staff had received an annual appraisal.
- Staff carried out quality improvement activities, including clinical audits, to help improve outcomes for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. The patient we spoke with, and those who had completed a Care Quality Commission comment card, were very happy with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and their involvement in decision making, were very good.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made effective arrangements to help patients and their carers cope emotionally with their care and treatment. However, the number of patients identified as being a carer was low than expected.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care.
- Patients did not raise any concerns about telephone access to the practice or appointment availability. Results from the NHS GP Patient Survey of the practice showed that patient satisfaction levels in relation to access to appointments were very good, and above the local CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand. The practice treated complaints in a serious manner and took action to address any issues raised.

Are services well-led?

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

- The practice had satisfactorily addressed the regulatory breaches we identified during our previous inspection. During this inspection we found the GP partners had a clear vision of how they wanted the practice to develop. It was clear they had identified the key challenges they faced in continuing to deliver primary care within Northumberland and were working with others to address these.
- Overall, the practice's governance arrangements supported the delivery of good quality care. However, we identified an area of weakness in the governance arrangements for the dispensary. We were unable to confirm that all potential risks to patient safety had been addressed.
- Clinical staff were aware of, and complied with, the requirements of the Duty of Candour regulation. Clinical leadership encouraged openness and transparency, and promoted a culture where staff felt well supported. All of the staff we spoke to were proud to work for the practice and had a clear understanding of their roles and responsibilities.
- There were arrangements for responding to, managing and learning from significant events, which enabled staff to focus on prevention and improvement.
- The practice actively sought feedback from patients through their patient participation group, and the patient surveys they carried out.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for older people.

Good



- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above most local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had maintained an equally high level of QOF performance).
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed. The practice team actively participated in the local High Risk Patient Pathway, to help reduce unplanned admissions into hospital. They also participated in regular multi-disciplinary meetings where the needs of high risk patients were discussed, and plans put in place to meet their needs.

People with long term conditions

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

Good



- The QOF data, for 2014/15, showed the practice had performed above most local CCG and national averages, in relation to providing care and treatment for the majority of the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had maintained an equally high level of QOF performance.)
- Patients with long-term conditions were invited to attend a chronic disease review, at a frequency which reflected their needs. There were effective systems in place which helped to ensure that patients who failed to respond to an invitation to attend a healthcare review were contacted and encouraged to attend. The practice had been proactive in providing the shingles and influenza immunisations to at-risk age groups, and they had achieved a high level of performance in both of these areas.

Summary of findings

- Clinical staff were good at working with other healthcare professionals to meet the needs of patients with complex needs. Patients at risk of an emergency hospital admission were identified as a priority, and their needs were regularly reviewed at multi-disciplinary meetings.

Families, children and young people

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

- There were appropriate systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, monthly meetings took place involving the community midwife, health visitors and school nurses, to help identify potential safeguarding issues and manage risk. Appointments were available outside of school hours and ill children were provided with access to same day care. The premises were suitable for children and babies.
- The practice offered contraceptive and sexual health advice. Information was available, about how patients could access specialist sexual health services.
- The practice had a comprehensive screening programme, and had performed above the national averages in relation to breast, bowel and cervical screening. For example, the uptake of cervical screening, for females aged between 25 and 64, who attended during the target period, was higher, at 88.3%, than the national average of 81.8%.
- The practice offered a full range of immunisations for children. Publicly available information showed the practice had performed above the local CCG averages in delivering these immunisations. For example, childhood immunisation rates, for the vaccinations given to children under two years old, ranged from 92.7% to 98.2% (the local CCG averages ranged from 73.3% to 95.1%). For five year olds, the rates ranged from 96.2% to 98.1% (the local CCG averages ranged from 81.4% to 92.9%).

Good



Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. Patients were able to use

Good



Summary of findings

on-line services to access appointments and request prescriptions. Same day face-to-face appointments, and telephone consultations were provided, as was access to on-the-day emergency appointments.

- The QOF data showed the practice had performed above most of the local CCG and England averages, in providing recommended care and treatment to this group of patients. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had maintained an equally high level of QOF performance.)

People whose circumstances may make them vulnerable

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

- There were suitable arrangements for meeting the needs of vulnerable patients. The practice maintained a register of patients with learning disabilities, which was used to help ensure they received an annual healthcare review.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. They regularly worked with multi-disciplinary teams to help protect vulnerable patients.
- Arrangements had been made which helped meet the needs of patients who were also carers.
- To promote better access for patients with disabilities, the practice had developed an electronic accessibility template, to help staff highlight this group of patients on the clinical system, so this could be taken into account when providing care and treatment.

Good



People experiencing poor mental health (including people with dementia)

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

- The QOF data, for 2014/15, showed the practice had performed above the local CCG and national averages, in relation to providing care and treatment to this group of patients. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had maintained an equally high level of QOF performance.)

Good



Summary of findings

- The practice's clinical IT system clearly identified patients with dementia and mental health needs, to ensure staff were aware of their specific needs. These patients were invited to attend an annual health review.
- Patients experiencing poor mental health had access to information about how to contact various support groups and voluntary organisations.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe.
- Staff had completed Dementia training, which helps to raise awareness of dementia related issues.

Summary of findings

What people who use the service say

We spoke with a member of the practice's patient participation group. They were very positive about the way staff treated them and said they valued the care and treatment they received. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received two completed comment cards. Both respondents were positive about the standard of care provided. Words used to describe the service included: excellent service; caring and treat you with dignity; great service; always helpful; very professional and caring.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, were very good and above most of the local clinical commissioning group (CCG) and national averages. Patient satisfaction levels in relation to appointment access were also very good. For example, of the patients who responded to the survey:

- 93% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared to the local CCG average of 97% 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%.

- 95% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94%, and the national average of 92%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG average, but above the national average of 97%.
- 94% said the last nurse they saw was good at listening to them. This was the same as the local CCG average, but above the national average of 91%.
- 97% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.
- 99% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.
- 94% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 93% found it easy to get through to the surgery by telephone, compared with the local CCG average of 77% and the national average of 73%.
- 81% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

(217 surveys were sent out. There were 126 responses which was a response rate of 58.1%. This equated to 2.1% of the practice population.)

Areas for improvement

Action the service MUST take to improve

Ensure medicines are managed safely and appropriately. Specifically, make sure there are rigorous systems in place for ensuring:

- Patient Specific Directives and Patient Group Directions are used in line with national guidance.

- Staff follow the practice's policy regarding the storage of medicines at the required temperatures.
- Prescription pads are stored securely in line with national guidance.

Summary of findings

Action the service **SHOULD** take to improve

- Record all dispensing 'near-misses', including those highlighted by the accuracy checking scanner used as part of the dispensing process.
- Maintain a record of the medicines non-clinical staff transport from the practice to designated drop-off points.
- Improve how the practice identifies patients who are also carers.

Outstanding practice

- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with access to appointments, was very good. For example: 99% of patients said the last appointment they got was convenient, compared to the local Clinical Commissioning Group (CCG) average of 93% and the national average of 92% 94% said they 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%; 81% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%. In addition, patients were very satisfied with the caring approach of staff. For example, 97% said they found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

Riversdale 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; a CQC medicines inspector and a second CQC inspector.

Background to Riversdale Surgery

Riversdale Surgery provides care and treatment to 6,008 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG) and provides care and treatment to patients living in the Wylam and Prudhoe areas. The practice covers a large geographical area, extending into Gateshead. We visited the following locations as part of the inspection:

- Riversdale Surgery, 51 Woodcroft Road, Wylam, Northumberland, NE41 8DH.
- Oaklands Medical Centre, Front Street, Prudhoe, Northumberland, NE42 5DQ.

The main practice in Wylam is a dispensing surgery which means they can, if they meet certain criteria, supply eligible patients with medicines directly.

The practice serves an area where deprivation is lower than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice had a higher proportion of older patients compared to the national average (25.3% compared to 16.7%). The percentage of people with a long-standing health condition is below the England average, but the percentage of people with caring

responsibilities is above. Life expectancy for women is higher than the England average, but lower for men. National data showed that 1.3% of the population are from non-white ethnic groups.

The main practice occupies premises that have been adapted to meet the needs of patients with disabilities. There are consultation and treatments rooms on both the ground and first floors. The branch surgery, at the Oaklands Medical Centre, occupies a building which has recently been converted. The health centre also houses community based healthcare staff, such as midwives and health visitors.

The practice has three GP partners (all male) and a salaried GP (female). They are an approved training practice, and there was a GP registrar (trainee doctor) on placement at the time of our visit. The practice also had: a practice nurse (female), two healthcare assistants (female), two dispensers (female) and a team of administrative and reception staff.

The main practice at Wylam is open Monday to Friday between 8am and 6pm, except for Wednesday, when they are closed between 12pm and 1pm, for staff training. The branch surgery is open Monday, Tuesday, Wednesday and Friday between 8am and 6pm, and on Thursdays between 8am and 12pm. The branch surgery is closed each weekday, apart from Thursday, between 12:30 and 1:30pm. Both sites are closed at the weekends.

The GP appointment times are:

At the main practice: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 2:30pm to 4:10pm; Wednesday: 9:30am to 11am and 3pm to 5:20pm; Thursday: 8:30am to 11am and 1:20pm to 3:20pm; Friday: 8:05am to 10:40am and 3:30pm to 5:20pm.

Detailed findings

The branch surgery: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 3:30pm to 5:20pm; Wednesday: 9:40am to 11:20am and 2:10pm to 3:50pm; Thursday: 8:05pm to 10:50pm; Friday: 8:30 to 11:30am and 3:20pm to 5:20pm.

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

Why we carried out this inspection

Following our previous inspection, in July 2015, the practice was rated as requires improvement. We set two requirement notices in relation to breaches of the regulations relating to governance and staffing. We carried out this follow-up comprehensive inspection to check that the provider had implemented their action plans and taken action to comply with the regulations relating to governance and staffing.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 and 29 November 2016. During our visit we:

- Spoke with a range of staff including two GPs, a GP registrar, the practice manager, the practice nurse, a dispenser and some administrative staff. We also spoke with a member of the practice's patient participation group.

- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff had identified and reported on seven significant events during the previous 12 months. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. Discussions about significant events took place during partners' meetings, and we saw these were minuted and the outcomes shared at team meetings. In addition to the monthly half-day review meetings at which SEAs were discussed, the practice undertook a yearly review of significant events, where staff reviewed any actions taken, to ensure these had been followed up appropriately.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- There was a system for recording, investigating and learning from incidents, and this was known by the staff we spoke with. 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 a system for responding to safety alerts. All safety alerts were received into a secure email box and forwarded to clinicians by the practice manager, so that appropriate action could be taken within the required timescales. The practice manager then reviewed comments received from staff to confirm that appropriate action had been taken in response to an alert.

Overview of safety systems and processes

During our last inspection, in July 2015, we identified some concerns in relation to the practice's systems and

processes for assuring the safety and wellbeing of patients and staff. For example, the arrangements for monitoring the quality of cleaning at the branch surgery were not satisfactory. During this inspection, we found the practice had taken action to address the concerns we previously identified. However, we also found the arrangements for managing medicines were not always effective.

- Suitable arrangements had been made to monitor the quality of cleaning at the main practice and the branch surgery. Appropriate standards of cleanliness and hygiene were in place at both sites. Easy clean floor coverings had been fitted in both treatment rooms at the main practice. The remaining four consultation rooms were carpeted. We were told a contract was in place to provide an annual deep-clean, and staff we spoke with were clear about how any spillages should be handled. There were infection control protocols in place and these could be easily accessed by staff. There was an identified infection control lead and all staff had completed infection control training. Sharps bin receptacles were available in the consultation rooms and those we looked at had been signed and dated by the assembler. Clinical waste was appropriately handled at both sites.
- The practice had made suitable arrangements to safeguard children and vulnerable adults. Safeguarding policies and procedures were in place and staff told us they were able to easily access these. Safeguarding information was also available on the practice's IT system, and this included key contact details. Designated members of staff acted as the children and vulnerable adults safeguarding leads, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities. The clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Monthly multi-disciplinary meetings were held at the practice, to monitor vulnerable patients and share information about risks. In addition, patients considered to be vulnerable were also discussed during the weekly GP partners' meeting. Alerts had been added to the practice's IT system which identified patients who were considered to be vulnerable, so that this could be taken into account

Are services safe?

during consultations. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training.

- Chaperone arrangements helped to protect patients from harm. All of the staff who acted as chaperones were trained for the 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 adults who may be vulnerable.) The chaperone service was advertised on posters displayed in the waiting area.
- A range of employment checks had been carried out, to make sure staff were safe to work with vulnerable patients. We looked at a sample of three staff recruitment files. Appropriate indemnity cover was in place for the clinical staff. The provider had obtained information about staff's previous employment and, with one exception, copies of their relevant qualifications. The practice manager told us this shortfall would be addressed promptly following the inspection. Written references had been obtained for each staff member. There was evidence each person had undergone a DBS check, although one had been carried out by the member of staff's previous employer. The practice manager told us they would obtain an up-to-date DBS for this member of staff as soon as possible. Proof of identity had been obtained for each staff member.
- Prescriptions were dispensed at Riversdale Surgery for patients who did not live near a pharmacy. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process. There was a process for tracking the use of all prescriptions and these were signed by a GP before they were dispensed to patients. There was a robust system in place to support this. There was an appropriate system for managing medicine reviews and monitoring prescriptions, including those that patients had not collected. We saw evidence of how this worked on the day of the inspection. Staff told us how they managed medication review dates and how prescriptions were monitored, including those that had

not been collected, and we saw evidence of how this worked on the day of our inspection. The practice had systems in place to monitor the use of high risk medicines.

The expiry dates of medicines were checked every three months and these checks were recorded appropriately. Expired and unwanted medicines were disposed of in accordance with waste regulations. All the medicines we checked on the day of the inspection were in date. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and there were standard procedures that set out how they were to be managed. These were being followed by practice staff. However, stock checks of the controlled drugs were only carried out after each item was dispensed, and not at regular intervals, as recommended in national guidance. We discussed this with the provider on the second day of the inspection and they took action to address this shortfall.

The practice had signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients using their dispensary. The dispensary used a scanner to check the accuracy of medicines dispensed. However, the practice had not implemented the recording of 'near misses' (near misses are dispensing errors that have been identified before the medicines have left the dispensary) in the dispensary including those which had been picked up by the accuracy scanner.

We checked medicines stored in the dispensary, treatment rooms and vaccine refrigerators. We found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were stored at the required temperatures; however, this was not always followed by staff. For example, temperatures were not always recorded on a daily basis and no action had been taken when temperatures exceeded the recommended temperature of eight degrees. We also found the dispensary refrigerator thermometer could not be reset and this was not consistent with national guidance. Immediately following the inspection, the dispensary refrigerator was decommissioned and its stock transferred to other refrigerators within the practice.

Are services safe?

The practice nurse and health care assistants administered vaccines in line with the directions which had been produced in accordance with legal requirements and national guidance. However, we found seven Patient Group Directions which did not comply with national guidelines. For example, two had expired and five were not authorised by the relevant healthcare professional. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Also, the practice could not provide us with the relevant Patient Specific Directive paperwork for two patients who had been administered a vaccine by a health care assistant the day prior to our inspection. (A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

Monitoring risks to patients

During our last inspection, in July 2015, we identified that the practice had failed to take effective steps to minimise potential risks to patients' health and safety. For example, fire drills had not been carried out for over 12 months, and the arrangements for testing the emergency lighting were not effective. During this inspection, we found improvements had been made and most risks to patients had been assessed and were well managed. In particular, we found:

- A health and safety risk assessment had been completed, in July 2016, covering the main practice and the branch surgery, to help keep the premises safe and free from hazards. A diary reminder system was being used to prompt regular reviews. In addition, the practice manager also carried out a monthly visual health and safety check, but they told us this was not documented. A Legionella risk assessment had been carried out at both sites. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) Arrangements had been made for staff to participate in fire safety drills and regular checks of fire extinguishers and fire alarms were being carried out.

- The practice had arranged for all clinical equipment to be serviced and, where appropriate, calibrated, to ensure it was working effectively. All electrical equipment at both sites had been checked to make sure it was safe to use.
- There were suitable arrangements for planning and monitoring the number and mix of staff required to meet patients' needs. This included a partnership vision statement which set out how the GP partners and practice manager intended to ensure continuity of patient care and treatment. The practice had a full complement of GP and nursing staff at the time of our visit, and the GPs covered each other's holidays. Administrative staff had allocated roles, but were also able to carry out all reception and office duties. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs.

Arrangements to deal with emergencies and major incidents

During our last inspection, in July 2015, we identified that the arrangements for monitoring the effectiveness of the practice's business continuity plan were not sufficiently rigorous. During this inspection, we found effective arrangements were in place to ensure the continuity of the service in the event of an emergency. In particular:

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- The majority of staff had completed basic life support (BSL) training, to help them respond appropriately in the event of an emergency. Arrangements were being made to provide the remaining staff with BSL training.
- Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. Monthly checks of these were carried out by designated staff. However, on the day of the inspection we found three items of medicine/equipment which had expired. These were removed and replaced immediately.
- A defibrillator with adult pads, and a supply of oxygen for use in an emergency, were available at the main practice and the branch surgery. Regular checks had been carried out to make sure the equipment was

Are services safe?

maintained in good working order. Although the pads attached to the defibrillators were in date at both sites, we found a set of out-of-date adult pads at the main practice. These were removed on the day of the inspection.

- The practice had an up-to-date business continuity plan for major incidents, such as power failure or building damage. This also covered the branch surgery. An electronic copy of the plan was kept off site by each GP and the practice manager, and this included key details, such as staff and utility services telephone numbers.

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 systems in place which helped to keep all clinical staff up-to-date with new guidance. For example, any significant new NICE guidelines were discussed during the weekly, half-day partners' meetings, and the practice's clinical knowledge system ensured that the guidelines and templates staff used were kept up-to-date. Clinicians told us that being a training practice helped stimulate learning within the team, and encouraged staff to keep up-to-date with the latest developments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2014/15, showed the practice had obtained 99.6% of the total points available to them for providing recommended care and treatment. This was above the local clinical commission group (CCG) average of 97.6% and the England average of 94.8%. (QOF is intended to improve the quality of general practice and reward good practice.)

- Performance for the diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes, in whom the last blood pressure reading, for the period from 1 April 2014 to 31 March 2015, was 140/80 mmHg or less, was higher when compared to the England average (86.8% compared to 78%).
- Performance for the mental health related indicators was higher than the national average. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, was higher when compared with the England average (95.4% compared to 88.4%).

The practice's exception reporting rate, at 10%, was 0.7% above the local CCG average and 0.8% 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.)

There was evidence of quality improvement activity and this included the carrying out of clinical audits. A number of full clinical audits had been undertaken. We looked at three of those that had been carried out during the previous 24 months. These were relevant, showed learning points and evidence of changes to practice. The audits were clearly linked to areas where staff had identified potential risks to their patients. For example:

- An audit had been carried out to identify whether patients prescribed Depo-Contraception had received appropriate advice and guidance about the potential risk of bone mineral density loss when taking this type of medicine. The completed audit identified that clinicians needed to improve how these discussions were handled, following which the practice introduced a new contraception template, to help prompt staff to cover the recommended areas.
- The practice had carried out an audit in response to national concerns regarding potential inaccuracies in the QRisk 2 calculator (a tool used to predict cardiovascular risk) used by the practice's clinical system. As part of the audit, the practice had run searches of their clinical system to identify patients who might have received an incorrect result and, had not therefore, received the recommended care and treatment. As a result of the audit, 40 of the 77 patients that were affected, had been invited to consider taking a statin in line with NICE guidance and other relevant advice.
- Clinical staff had undertaken a dementia audit, to check whether patients diagnosed with the disease had been appropriately identified on the practice's clinical IT system. The audit found that some patients had been wrongly highlighted as having memory problems following their annual screening review. The practice took action to remove any incorrect codes and staff

Are services effective?

(for example, treatment is effective)

were given advice regarding the correct usage of the annual review template and the codes it contained. The results of the audit were fed back to the local CCG, to help promote learning at locality level.

The practice had also carried out medicine audits, with the support of local CCG pharmacy staff, to help ensure prescribing decisions were in line with local guidelines. The practice participated in the local medicines management scheme, to help staff comply with quality and cost effective prescribing guidelines. Staff were using a software package to help them achieve key prescribing targets. To date, clinical staff had reduced their prescribing costs by £3,702, since April 2016.

Effective staffing

During our last inspection, in July 2015, we identified that there was no formal mechanism for monitoring the training staff required to perform effectively in their job, and how often this should be updated. We also found that some staff had not completed training in health and safety and information governance. Some staff had not received an annual appraisal during the previous 12 months. In this inspection, we found these shortfalls had been fully addressed and staff had the skills, knowledge and experience needed to deliver effective care and treatment. In particular:

- The practice had an induction programme for newly appointed staff. For example, we were told a newly employed GP had shadowed a number of clinical sessions, to find out about the practice's systems and processes.
- The practice could demonstrate how they ensured staff undertook role specific training. The practice nurse had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. For example, they had completed training in asthma, clinical risk assessment, diabetes and spirometry. In addition, they had also completed travel, immunisation and sexual health updates. The practice nurse told us their cervical screening update was now due, and they would be taking action to complete this. Staff made use of e-learning training modules, to help them keep up to date with mandatory training, such as information governance, safeguarding and health and safety.

- All staff had received an annual appraisal of their performance during the previous 12 months. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Following our last inspection, the practice had implemented a paperless system for dealing with incoming mail. Staff told us this had improved efficiency and made the system for handling incoming mail safer. In addition, the practice had invested in extra monitors, to enable staff to use twin monitors during consultations, and to help improve efficiency when coding incoming patient letters. Letters requiring urgent attention were red-flagged, to help ensure clinicians dealt with them as a priority.
- 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. Clinical staff told us the local community nursing service was based in the same building as the branch surgery. They felt this helped to improve communication and patient care.

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 (MCA, 2005).
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate

Are services effective?

(for example, treatment is effective)

assessments of their capacity and recorded the outcome. Staff made use of the 'Deciding Right' mobile telephone 'App', to help them respond appropriately to the needs of patients with capacity issues. (Deciding Right is a North-East initiative which helps professionals to make care decisions in advance.)

- Most clinical staff had completed training in the use of the MCA. The practice manager told us they would make arrangements for the healthcare assistant to complete this training.

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 Well Men and Well Women NHS health checks.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme, and had performed better than the national averages in relation to breast, bowel and cervical screening. Publicly available data showed:

- The uptake of breast screening for females aged between 50 and 70, during the previous 36 months, was above the national average, 80.9% compared to 72.2%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was above the national average, 69.1% compared to 57.9%.
- The uptake of cervical screening by females aged between 25 and 64, attending during the target period, was higher, at 88.3%, than the national average of 81.8%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

The practice offered a full range of immunisations for children. Publicly available information showed the practice had performed better than the local CCG averages. For example, childhood immunisation rates, for the vaccinations given to children under two years old, ranged from 92.7% to 98.2% (the local CCG averages ranged from 73.3% to 95.1%). For five year olds, the rates ranged from 96.2% to 98.1% (the local CCG averages ranged from 81.4% to 92.9%).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were highly motivated to provide 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 them 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 area would be found, if patients needed to discuss a confidential matter.

We spoke with a member of the practice's patient participation group. They were very positive about the way staff treated them and said they valued the care and treatment they received. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received two completed comment cards. Both respondents were positive about the standard of care provided. Words used to describe the service included: excellent service; caring and treat you with dignity; great service; always helpful; very professional and caring.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations as well as the service provided by the reception team, was above most of the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 93% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%.
- 98% had confidence and trust in the last GP they saw, compared to the local CCG average of 97% 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%.

- 95% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94%, and the national average of 92%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG average, but above the national average of 97%.
- 94% said the last nurse they saw was good at listening to them. This was the same as the local CCG average, and above the national average of 91%.
- 97% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

Staff had gathered feedback from patients through their Friends and Family Test survey. The most recently analysed figures made available to us were for April 2016. The practice had received a total of 13 responses and of these, nine patients had indicated they were likely to recommend the practice to friends and family. Four had responded 'don't know'.

Care planning and involvement in decisions about care and treatment

The patient we spoke with, and both of those who had completed CQC comment cards, told us clinical staff 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, were higher than the majority of the local CCG and national averages. Of the patients who responded to the survey:

- 92% said the last GP they saw was good at explaining tests and treatments. This was above the CCG average of 90% and the national average of 86%.
- 85% 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%.
- 94% said the last nurse they saw was good at explaining tests and treatments, compared to the local CCG average of 92% and the national average of 90%.
- 89% 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%.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Staff were 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.
- Where patients had experienced bereavement, staff said they would offer condolences in line with their wishes.

The practice was committed to supporting patients who were also carers. Staff maintained a register of these patients, to help make sure they received suitable support, such as appropriate vaccinations. These patients were also offered an annual health check. There were 49 patients on this register, which equated to 0.8% of the practice's population. The practice was working with Carers Northumberland to set up systems to help improve the identification of, and support for, patients who were also carers.

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 included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. The practice team actively participated in the local High Risk Patient Pathway, to help reduce unplanned admissions into hospital. Staff told us their involvement in this pathway had helped to improve communication between the practice and members of the primary health and social care team. Staff participated in regular multi-disciplinary meetings where the needs of high risk patients were discussed, and plans put in place to meet their needs. This helped to ensure the practice was able to monitor and meet the needs of such patients. Staff worked closely with the matron of the local care home to help improve the take up of influenza immunisations in local care homes. Older patients had easier access to district nurses, as well as podiatry and dietetic services, provided by community staff based in the same building as the branch surgery.
- The provision of structured long-term conditions (LTCs) reviews, at a frequency reflecting patients' needs. There were effective systems in place which helped to ensure that patients who failed to respond to their invitation to attend a healthcare review, were followed up and encouraged to attend. The practice had been proactive in providing the shingles and influenza immunisations to at-risk age groups, and they had achieved a high level of performance in providing both of these.
- Offering a range of health promotion clinics, including new patient checks, obesity and weight management clinics as well as holiday vaccinations, to help patients stay healthy. Patients were able to use on-line services to access appointments and request prescriptions. Same day face-to-face appointments, and telephone consultations were provided, as was access to on-the-day emergency appointments.
- Providing a full programme of childhood immunisations at the baby clinics held by the nursing team. Women were able to access ante-natal and post-natal care at

the branch surgery. The practice had developed their own electronic template, to help staff systematically record and code all six-week post-natal reviews. Monthly meetings took place involving the community midwife, health visitors and school nurses, to help identify potential safeguarding issues and manage risk. Appointments were available outside of school hours and ill children were provided with access to same day care. The premises were suitable for children and babies. The practice offered family planning and sexual health advice during clinic appointments, where appropriate.

- Inviting mental health patients to attend an annual health review. Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Where appropriate, clinical staff referred patients to local mental health services, to help ensure they received any necessary support.
- Actively carrying out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe. Staff had recently undertaken a dementia audit, to help ensure the early identification of patients with this condition.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the service. disabled toilets which had appropriate aids and adaptations. the practice had developed an electronic accessibility template. This helped staff highlight these patients on the clinical system, so this could be taken into account when providing care and treatment.

Access to the service

The main practice at Wylam was open Monday to Friday between 8am and 6pm, except for Wednesday, when they were closed between 12pm and 1pm, for staff training. The branch surgery was open Monday, Tuesday, Wednesday and Friday between 8am and 6pm, and on Thursdays between 8am and 12pm. The branch surgery was closed each weekday, apart from Thursday, between 12:30 and 1:30pm. Both sites were closed at the weekends.

The GP appointment times were:

Are services responsive to people's needs?

(for example, to feedback?)

At the main practice: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 2:30pm to 4:10pm; Wednesday: 9:30am to 11am and 3pm to 5:20pm; Thursday: 8:30am to 11am and 1:20pm to 3:20pm; Friday: 8:05am to 10:40am and 3:30pm to 5:20pm.

The branch surgery: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 3:30pm to 5:20pm; Wednesday: 9:40am to 11:20am and 2:10pm to 3:50pm; Thursday: 8:05pm to 10:50pm; Friday: 8:30 to 11:30am and 3:20pm to 5:20pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day appointments, as well as routine, pre-bookable appointments. The practice told us their patients were among some of the highest users of on-line booking in the locality, which helped to reduce pressure on reception staff. The GP partners and practice manager had recently participated in a demand/capacity review led by an external contractor, to explore whether there were steps the practice could take to improve access arrangements. The findings had indicated that, overall, the practice provided an adequate level of capacity on a week-by-week basis. However, the audit had shown that there was a possible mis-match between appointment supply and demand, at certain times of the week. Staff told us they were actively considering whether any changes were needed to address this.

The practice had a system in place to assess:

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

Patients who provided us with feedback raised no concerns about telephone access to the practice or appointment availability. Results from the NHS GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels with access to appointments were well above the local CCG and national averages. Of the patients who responded to the survey:

- 97% found receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

- 99% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%.
- 94% 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%.
- 93% found it easy to get through to the surgery by telephone, compared to the local CCG average of 77% and the national average of 73%.
- 81% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

Listening and learning from concerns and complaints

During our last inspection, in July 2015, we identified that the practice's complaints policy was not in line with recognised guidance and contractual obligations. During this inspection, we found the practice had an appropriate system for managing complaints.

- They had a designated member of staff who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them.
- There was a good level of information about how to complain available on the practice's website, including how to contact the Parliamentary and Health Services Ombudsman (PHSO). Information was also on display in the patient waiting areas, including details of how to make a complaint. Comment boxes at both surgeries gave patients the opportunity to make suggestions or raise concerns anonymously.
- The practice had received four complaints since April 2016. The complaint record we looked at showed staff had tried to address the concerns raised. The complaint response letter contained an apology as well as brief details of improvements made. However, the letter did not include reference to how to contact the PHSO if the complainant was dissatisfied with the outcome of the complaint.

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

During our last inspection, in July 2015, we identified that staff strove to provide high quality care to all their patients. Although staff were clear about the future challenges they faced, a business plan setting out how they intended to enact their vision and strategy, was not in place. During this inspection, we found staff had a very clear vision of the standard of care and treatment they wanted to provide for their patients, and they were able to demonstrate their continuing commitment to improving outcomes for patients.

- The provider had prepared a statement of purpose, as part of their application to register with the Care Quality Commission. This provided a high-level overview of how the practice intended to meet patients' needs. The practice management team had prepared a partnership strategy statement, for 2016/17, which clearly set out how they intended to ensure continuity of care and treatment in the face of recent and planned changes to the composition of their staff team. It was clear the GP partners had identified the key challenges they faced in continuing to deliver primary care in Northumberland. They were working with the local GP federation to identify how the practice would fit in with the local Clinical Commissioning Group's plans for the future.
- All of the staff we spoke to understood the practice's commitment to providing good patient care and how they were expected to contribute to this. They were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

During our last inspection, in July 2015, we identified that some of the practice's governance arrangements did not always operate effectively. For example, some policies and procedures were out-of-date, or were not always followed by staff. Also, we found the arrangements for monitoring risks to patient and staff safety were not always effective. During this inspection, we found the practice had taken steps to address our previous concerns and had strengthened these aspects of their governance arrangements. We found:

- There was a clear staffing structure, which helped ensure staff were aware of their roles and responsibilities.
- Staff were supported to learn lessons when things went wrong, and there was an effective system which ensured the identification, promotion and sharing of good practice.
- Regular multi-disciplinary team meetings were held to share information and manage patient risk. Other types of meetings were held on a regular basis to discuss business and practice related issues.
- Most organisational risks had been satisfactorily managed, and effective arrangements had been put in place to monitor the practice's Quality and Outcomes Framework performance, which helped ensure potential issues could be addressed promptly.
- Staff had access to a range of policies and procedures. Those we looked at were up-to-date, including the practice's dispensary standard operating procedures.
- However, we were not fully assured that the arrangements for the governance of the practice's dispensing service, and the potential risks to patient safety, were effectively managed.
- Patients had opportunities to give feedback on how services were delivered and what could be improved.

Leadership, openness and transparency

Effective clinical leadership was in place, and this was underpinned by an ethos and values which placed patients at the centre of their work. Clinical staff had clear designated lead roles, to help maintain high clinical standards. Staff worked well together as a team, and also in collaboration with other professionals, to help ensure patients' needs were met. There were good levels of staff satisfaction, with many having worked at the practice for a considerable number of years. This helped to provide consistency and continuity of care and treatment.

The provider had complied with the requirements of the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Are services well-led?

Good 

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

- The GP provider and practice manager encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice. Clinical staff met regularly to share information about patients' needs and to support each other.
- There were effective systems which helped to ensure that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had carried out an in-house patient survey during the previous 12 months, which involved 50 patients who had been seen by both GPs and nursing staff. This showed that 99% of all the patients surveyed were satisfied with the quality of the care and treatment they received. The practice also obtained feedback from patients using the Friends and Families Test survey. All of the feedback received was positive.
- The practice had set up a small patient participation group (PPG) in 2016. Staff told us this was proving to be an additional source of helpful patient feedback. Although still in the early stages of development, a member of the PPG said the group was beginning to actively consider what improvements could be introduced to improve patient care. For example, members were actively looking at ways to improve access for patients with transport difficulties, via a volunteer driver scheme. The PPG member said the practice welcomed their views and that, wherever

possible, took action in relation to any issues they raised. A GP told us that the results of the most recent patient feedback audit had been collated by members of the PPG and the results had been fed back to the practice team. In addition, staff had provided feedback to the PPG regarding the outcomes of the recent National GP Patient Survey, and they had also shared comments made by patients on the NHS Choices website. A poster about the PPG was on display in the patient waiting area, and the practice's website encouraged patients to share any suggestions, so these could be considered by the PPG.

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The GP partners were forward thinking and demonstrated their commitment to continuous learning by:

- Providing GP Registrars (trainee GPs) with placements and the opportunity to learn about general practice.
- Actively encouraging and supporting staff to access relevant training including, for example, 'Time-in, Time-out' training sessions run by the local CCG.
- Carrying out a range of clinical and quality improvement audits, to help improve patient outcomes.
- Learning from any significant events that had occurred, to help prevent them from happening again.

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
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure the safe management of medicines. They had not made sure that:</p> <ul style="list-style-type: none">* Patient Specific Directives and Patient Group Directions were used in line with national guidance.* Staff followed the practice's policy for ensuring medicines were stored at the required temperatures.* Prescription pads were stored securely in line with national guidance. <p>This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>