

Grange Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 of Grange Road Medical Practice on 22 August 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. However, we did not see any evidence of trends, themes and lessons learned from significant events or complaints being shared with the entire staff group.
- Risks to staff and patients were assessed and well managed. Staff had received a full range of appropriate training and there was no evidence of health and safety and fire risk assessments.
- The practice carried out clinical audit activity. However, none of the audits we saw demonstrated improvements to patient care as a result of the audit.
- The practice had a comprehensive recruitment policy and staff files we viewed confirmed that appropriate pre-employment checks had been completed.
- Feedback from patients about their care was positive compared to local and national averages. Patients reported that they were treated with compassion, dignity and respect.
- Patients were able to access same day appointments, including telephone consultations. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were easily accessible to staff.
- The practice sought feedback from patients and implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness but had achieved an overall result which was lower than local and national averages. However, practice staff were able to provide an explanation for this and were committed to improvement.

Summary of findings

- Information about services and how to complain was available and easy to understand.

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

- Ensure that the practice's clinical audit activity is used to drive improvements in patient care, outcomes and service quality.
- Educate staff on the existence of the practice business continuity plan and their responsibilities in relation to this.
- Ensure all staff are up to date with routine immunisations and that a record is kept of this.
- Provide carers with an annual health checks
- Ensure that the finding's of the practice's reviews of significant events and complaints are shared learning with the entire staff group.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Trends, themes and lessons learned were identified to improve safety in the practice. However, there was no process in place to ensure this information was shared with the whole staff team. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies. An effective system was in place to ensure appropriate action was taken in relation to patient safety alerts.

The practice was clean and hygienic and good infection control arrangements were in place. Steps had been taken to ensure that staff that may have direct contact with patients' blood or bodily fluids were immunised against Hepatitis B and records held by the practice confirmed this. However, the practice did not have a record confirming that all staff were up to date with their routine immunisations (such as tetanus, measles, mumps and rubella) or had been offered the immunisations if they were not.

The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, in the practice kept patients safe. The practice had a business continuity plan but not all of the staff we spoke with were aware of business continuity arrangements.

Comprehensive staff recruitment and induction policies were in operation. Staff files that we reviewed confirmed that appropriate pre-employment checks had been completed.

Chaperones were available if required and all staff who acted as chaperones had undertaken appropriate training and a DBS check.

Staff had undertaken fire safety training and the practice had a fire risk assessment and held regular fire evacuation drills. The practice had a health and safety policy and there was evidence of health and safety risk assessments.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to

Good



Summary of findings

support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had attained 82.4% of the points available to them for 2015/16 compared to the local CCG average of 96.9% and national average of 95.3%. Practice staff told us that this was due to the loss of a number of clinical team staff members and reliance on locum staff during this period. Although not yet published the practice were able to provide evidence that they had scored 94.3% for 2016/17 and attributed this mainly to a more stable workforce.

Achievement rates for cervical, breast and bowel cancer screening were higher than local and national averages. Practice childhood immunisation rates were comparable with national averages.

There was evidence of clinical audit activity. However, not all of these were completed two cycle audits demonstrating improvements in patient outcomes and we were not assured that learning from these audits was discussed or shared with the entire clinical team.

Staff received annual appraisals during which personal development and training plans were discussed. Staff had undertaken a range of training appropriate to their roles.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2017 were above or comparable with local and national averages in respect of providing caring services. For example, 91% of patients who responded to the survey said the last GP they saw or spoke to

Good



Summary of findings

was good at listening to them (CCG average 91% and national average 89%) and 93% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 95% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 89% and national average of 86%). 93% of patients felt the nurses treat them with care and concern (CCG average 93% and national average 91%).

The practice identified carers and ensured they were signposted to appropriate advice and support services. However, they were not offered an annual health check. At the time of our inspection they had identified 173 of their patients as being a carer (approximately 4.6% of the practice patient population). Patients known to have experienced bereavement or patients aged over 60 recently discharged from hospital were referred to the local care navigator to ensure they were appropriately supported.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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 and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey were higher than local and national averages. For example, the most recent results (July 2016) showed that 96% of patients found it easy to get through to the surgery by phone (CCG average 77% and national average 71%) and 93% were able to get an appointment (CCG average 84% and national average 84%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately.

The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients. For example, as a result of feedback from a patient survey carried out in October 2016 the practice had tasked their reception staff with ensuring patients were aware of appointment delays.

Good



Are services well-led?

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

Good



Summary of findings

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

The practice had a five year business plan detailing their strategic objectives and priorities which covered topics such as staffing, information technology, premises, patient services and plans for service development.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GPs and operational manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. They had an active patient participation group who reported that they felt involved and listened to.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2015/16 (the most recently published results) showed the practice had achieved good outcomes for most of the conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing atrial fibrillation, heart failure and osteoporosis and for those requiring palliative care. However, they had only obtained 18.7% of the points available to them in relation to dementia (78.9% below the local CG and 77.9% below national averages). Although not yet published the practice were able to provide evidence to confirm that they had scored 100% in respect of dementia for 2016/17.

The practice was able to demonstrate effective collaborative working with multi-disciplinary professionals including district nurses to reduce admissions to hospital for high risk patients. They also worked with local health care navigator to ensure older people received coordinated care and treatment to enable them to stay in their own home or care home and avoid non-elective admission to hospital. Regularly reviewed emergency healthcare plans were in place for patients at risk of unplanned admission to hospital.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice used a centralised chronic disease recall system to flag when patients were due for review. Patients with multiple long term conditions were offered one fully comprehensive review whenever possible and a system was in place to contact patients who failed to respond to review invitation letters.

The QOF data for 2015/16 provided by the practice showed that they had achieved mixed outcomes in relation to the conditions commonly associated with this population group. For example the practice had obtained 100% of the points available to them and above local and national averages for providing recommended care and treatment for patients with asthma, chronic kidney disease and epilepsy. However, at 75.7% they had obtained below local and national averages in respect of diabetes (CCG average 93.5% and national average 99.8%). Practice staff told us this was because of

Good



Summary of findings

the loss of numerous members of the clinical staffing team, including the practice nurse with experience of treating and caring for patients with diabetes, during this period of time. The practice now had a more stable workforce and the current practice nurse was undertaking diabetes masterclass training. As a result the practice was able to supply evidence that they had achieved a score of 91.1% for 2016/17 although this information was yet to be published.

Patients with asthma and chronic obstructive pulmonary disease were encouraged to participate in the production of a care and self-management plan during their annual health care reviews.

Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Data available for 2015/16 showed that the practice had achieved the target of 90% for three of the four separate childhood immunisation indicators. The exception was the indicator in respect of the percentage of children aged 2 who had received their booster immunisation for pneumococcal infection for which they had attained 86.7%. The practice was able to provide evidence during the inspection that this was an error due to miscoding which they subsequently rectified. Their actual attainment rate for this indicator was 95%.

The practice participated in the 'Little Orange Book' scheme which was a CCG initiative to provide parents and carers with information to help them recognise and respond appropriately to a range of diseases, illnesses and conditions which may affect young children.

At 84.4%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the CCG average of 82.4% and national average of 81.4%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice. The practice also offered contraceptive services.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

The needs of the working age population, those recently retired and students had been met. The surgery was open from 8am to 6pm on a Monday to Friday with appointments generally running from 8am to 5.40pm. Patients registered with the practice were also able to access appointments with a GP at one of three local extended access care facilities from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a Saturday and Sunday.

The practice offered contraception services, travel advice, childhood health surveillance and immunisation service, maternity services and long term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74). At 82.5% the percentage of women screened for breast cancer within six months of invitation was higher than the CCG average of 74.6% and national average of 72.2%.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

The practice held a register of patients living in vulnerable circumstances, including 15 patients who had a learning disability. Patients with a learning disability were offered an annual health check and flu immunisation. The practice was registered with the safe place scheme. This scheme provides vulnerable people with a place to go for help and support in dealing with any incident that should occur whilst they are out in the community regardless of whether they are registered with the practice.

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

The practice identified carers and ensured they were offered appropriate advice and support and a flu vaccination. However, they were not offered an annual health check.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

QOF data for 2015/16 provided by the practice showed that they had achieved below local and national averages for caring for patients with dementia, depression and mental health conditions. The practice attributed this to the loss of a number of clinical staff members during this period and reliance on locum cover. However, they felt that the situation had now improved due to a more stable workforce and centralised review recall system and were able to supply evidence that QOF attainment for 2016/17 had improved although this information was yet to be published.

Patients registered with the practice were able to access on site counselling via their GP or by self-referral.

Good



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2017 showed patient satisfaction was comparable with, or higher than, local clinical commissioning group and national averages. Of the 226 survey forms distributed, 97 were returned (a response rate of 43%). This represented approximately 6% of the practice's patient list. For example, of the patients who responded to their survey:

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 71%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 84%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 77%).

- 93% said their GP was good at explaining tests and treatment (CCG average 89%, national average 86%)
- 93% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 89 comment cards which were all positive about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included caring, fantastic, excellent, professional, helpful, sympathetic and efficient. Negative comments were generally in relation to a delay in being able to get an appointment, appointments running late and lack of continuity in being able to see the same GP.

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the practice's clinical audit activity is used to drive improvements in patient care, outcomes and service quality.
- Educate staff on the existence of the practice business continuity plan and their responsibilities in relation to this.
- Ensure all staff are up to date with routine immunisations and that a record is kept of this.
- Provide carers with an annual health checks
- Ensure that the findings of the practice's reviews of significant events and complaints are shared learning with the entire staff group.

Grange Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. A GP specialist advisor was also in attendance.

Background to Grange Road Medical Practice

Grange Road Medical Practice provides care and treatment to approximately 3,757 patients from the NE40 postcode area of Gateshead, Newcastle Upon Tyne. The practice is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Grange Road Medical Practice

Grange Road

Ryton

Gateshead

Tyne and Wear

NE40 3LT

The surgery is located in a purpose built building which was erected in 1961 and has since been extended. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available with dedicated disabled parking spaces and electric car charging points. On-street parking is also available nearby.

The surgery is open from 8am to 6pm on a Monday to Friday with appointments generally running from 8am to 5.40pm.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and the Gateshead Doctors on Call service known locally as GatDoc.

Grange Road Medical Practice offers a range of services and clinic appointments including long term condition reviews, contraceptive services, childhood health surveillance and immunisation services, maternity services and travel immunisations and advice.

The practice consists of:

- Four salaried GPs (two male and two female)
- One nurse practitioner (female)
- One practice nurses (female)
- One healthcare assistant (female)
- Eight non-clinical members of staff including an operations manager, senior medical administrator, medical secretary and receptionists.

The contract for Grange Road Medical Practice has been held by Gateshead Community Based Care (CBC) Ltd since March 2015. CBC Ltd is a not for profit healthcare support organisation who represent and support 31 GP practices across the Gateshead area and hold the contract for Grange Road Medical Practice and another local GP practice as well as running GatDoc.

The average life expectancy for the male practice population is 80 (CCG average 77 and national average 79) and for the female population 82 (CCG average 81 and national average 83).

At 53.6%, the percentage of the practice population reported as having a long standing health condition was

Detailed findings

higher than the CCG average of 56.9% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

At 60.9% the percentage of the practice population recorded as being in paid work or full time education was comparable with the CCG average of 60.5% and national average of 61.5%. The practice area is in the seventh most deprived decile. Deprivation levels affecting children were lower than local and national averages. Deprivation levels affecting adults were lower than the CCG average but higher than the national average.

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. The 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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 August 2017. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the operational manager, senior administrator and members of the non-clinical staff team. We spoke with six patients, two of whom were members of the practice patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 89 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this. However, there was no evidence of trends and themes arising or lessons learned from significant being discussed formally with the entire staff group. The practice recorded relevant significant events and safeguarding incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS) when appropriate. The SIRMS 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. We reviewed the 15 internal significant events the practice had recorded during the previous 12 months and found evidence of appropriate action being taken. For example, the practice had recorded a significant event where a locum GP had failed to follow the correct process when referring a patient to hospital under the two week wait scheme. The practice apologised to the patient and an urgent hospital appointment was arranged. In addition, the locum induction pack was updated to advise locum staff on the correct process for dealing with two week wait referrals and locums were asked to sign a copy of the induction document to say they had read and understood the process.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice held quarterly multi-disciplinary meetings to discuss vulnerable
- patients. Staff were able to demonstrate that they understood their responsibilities in relation to safeguarding and had received training at a level appropriate to their role.
- Chaperones were available if required and all chaperones had received appropriate training and 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 practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and regular infection control audits were carried out where action plans were identified and monitored. No concerns were identified during the most recent audit which had been carried out in April 2017. An infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the arrangements for recruiting staff and found that appropriate recruitment checks had been undertaken for all staff prior to employment. A recruitment policy and flowchart was in operation.
- The practice's approach to the handling and reporting of significant events and complaints 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.)
- Patient safety alerts were cascaded to relevant staff for action and we saw evidence that recent patient safety alerts had been dealt with appropriately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals and non-prescribers, such as nurses and health care assistants, to supply and administer specified medicines, such as vaccines.

Are services safe?

Monitoring risks to patients

Risks to patients were comprehensively assessed and managed:

- There were processes in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy which was accessible to staff and there was evidence of health and safety and fire risk assessments. Staff had undertaken fire safety training and fire marshals had been appointed. Fire alarms were tested on a weekly basis and fire evacuation drills were carried out annually.
- Legionella risk assessments were carried out on a yearly basis (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A system was in place to check staff immunity status in respect of Hepatitis B for the clinical staff. However we did not see any evidence of this being checked or recorded for the non-clinical staff or in relation to measles, mumps, chickenpox and rubella for all staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and cover arranged in house whenever possible.

- The operational manager reported that they were gradually reducing their reliance on the use of locum GPs. However, when this was necessary a locum induction pack was available.
- Community Based Care (CBC) Limited's centralised pharmacy hub provided a full prescribing support service to the practice. This included actioning all medicine changes requested following a hospital consultation, prescription queries from patients and pharmacies, and monitoring patients prescribed high risk medicines.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- All staff had received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, not all of the staff who we spoke with during the inspection were aware of the business continuity plan.
- Emergency medicines were easily accessible and all staff knew of their location. A defibrillator and oxygen were available on the premises. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice held weekly clinical meetings which were an opportunity for clinical staff to discuss issues and patients whose needs were causing concern.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results for 2015/16 showed the practice had achieved 82.4% of the total number of points available to them compared with the clinical commissioning group (CCG) of 96.9% and the national average of 95.3%. Although not yet published the practice was able to show us that they had attained an improved QOF score of 94.3% for 2016/17.

The 2015/16 data showed that, at 5.7%, their overall clinical exception rate was lower than the local CCG average of 9.7% and national averages of 9.8%. (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).

The 2015/16 QOF data showed that they had obtained the maximum points available to them for 11 of the 19 QOF indicators, including asthma, atrial fibrillation, cancer, chronic kidney disease and heart failure. They had also scored above, or comparable with, local and national averages in relation to the care and treatment of patients with chronic obstructive pulmonary disease, rheumatoid arthritis and stroke and ischaemic attack. For the other five indicators the practice had scored below local and national averages. This included the indicators for dementia, depression, diabetes, secondary prevention of coronary heart disease and mental health conditions. Practice staff told us that this was because of the loss of a number of clinical staff members and a reliance on locum staff in 2015. They were able to demonstrate that their QOF

attainment for 2016/17, although not yet published, had greatly improved which they attributed to a more stable workforce. This included the five indicators where they had previously scored below local and national averages. In addition the practice nurse was undertaking a diabetes masterclass and the practice was using a more effective centralised solution for dealing with their long term condition recall system and some medicines management related issues. The practice had recently undertaken a QOF revalidation audit and data cleansing exercise which had resulted in an additional 84 patients being added to their QOF registers.

The practice accessed pharmacy support from Community Based Care (CBC) Ltd to review and monitor prescribing and was performing well in this area. This included the prescribing of hypnotics, antibacterial prescription units and antibiotics which were all lower than local and national averages. For example, at 4.23% the percentage of antibiotic items prescribed that were cephalosporin's or quinolones was lower than the local CCG average of 4.97% and national average of 4.71%.

- The practice provided us with details of two single cycle audits they had undertaken. One was an audit of antibiotic prescribing which had been carried out between December 2016 and February 2017 to look at the appropriateness of antibiotic prescribing in the practice. This had revealed that the correct antibiotic had been prescribing in 96% of cases but that the prescription had not been fully compliant with relevant guidance in 58% of the cases reviewed. Another had been an antimicrobial stewardship audit relating to the first quarter of 2016 – 2017 to review prescribing for 30 patients against local guidelines. This showed that:
 - A clinical assessment had taken place for all 30 patients.
 - Two of the 13 patients prescribed an antibiotic had not been prescribed the correct antibiotic in line with relevant guidance and there had been no reason recorded as to why.
 - There was evidence from the patient notes that 10 of the patients had been advised on what to do if their condition deteriorated or if they developed problems as a result of the treatment.

There was no evidence of this audit being repeated or of an action plan being developed from the results. Neither was there any evidence that audit was driving improvement in patient outcomes or of group discussion of findings.

Are services effective?

(for example, treatment is effective)

The practice had a palliative care register and discussed the needs of palliative care patients at regular multi-disciplinary team meetings.

Effective staffing

The staff team included salaried GPs, nursing staff, a health care assistant and a number of non-clinical staff members including an operational manager, senior medical administrator and reception staff. We reviewed staff training records and found that staff had undertaken a full range of mandatory and additional training.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses were supported in seeking and attending continual professional development and training courses and revalidation.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. The operational manager told us that the practice had relied heavily on locum cover previously but that this was decreasing due to a more stabilised workforce. When the practice did use locum GPs a locum induction pack was available.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and

treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Practice staff told us that patients' consent to care and treatment was always sought in line with legislation and guidance and demonstrated that they understood relevant consent and decision-making requirements, including the Mental Capacity Act (MCA) 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Practice childhood immunisation rates were comparable with local and national averages. For example the practice had scored 9 out of 10 for the administration of childhood immunisations (compared with the national average of 9.1 out of 10) and achieved the target of 90% for three of the four childhood immunisation indicators. The exception was the indicator in respect of the percentage of children aged 2 who had received their booster immunisation for pneumococcal infection which was 86.7%. However, the practice was able to provide evidence during the inspection that this was an error due to miscoding which they subsequently rectified. The actual attainment rate for this indicator was 95%.

Achievement rates for cervical and breast cancer screening were better than local and national averages. For example, at 82.5%, the percentage of women screened for breast cancer in the last 36 months was higher than the CCG average of 74.3% and national average of 72.2%. At 84.4%

Are services effective? (for example, treatment is effective)

the percentage of women aged 25-64 whose notes recorded a cervical screening test within the previous five years was higher than the national average of 82.4% and national average of 81.4%.

We were not able to access bowel screening results pre inspection but the practice were able to show us that they had performed well in ensuring relevant patients were screened for bowel cancer which had resulted in them being the highest performing practice in the Gateshead area in respect of this for 2015/16. Their bowel screening

coverage was 69.8% which was significantly higher than the CCG average of 57.8%. They attributed this to one of their GPs focusing on bowel screening and personally following up any patients who had not engaged with the scheme.

Patients had access to appropriate health assessments and checks. This included new patient and NHS health checks for patients aged between 40 and 74. The practice had carried out four new patient and 20 NHS health checks during the period 1 April 2016 to 31 March 2017.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 89 completed CQC comment cards which were very complimentary about the caring nature of the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in July 2017) showed patient satisfaction was generally higher than local and national averages in respect of being treated with compassion, dignity and respect. For example, of the patients who responded:

- 99% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and national averages of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was comparable with or higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example, of the patients who responded:

- 91% said the GP was good at listening to them compared to the CCG average of 91% and national averages of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national averages of 82%.
- 93% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language and followed accessible information standard guidance to ensure all patients were able to access and understand health related information. The practice had a hearing loop.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 15 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting told patients how to access a number of support groups and organisations. The practice also produced a regular patient newsletter which provided patients with information on health related matters as well as issues such as staffing changes and the centralisation of their prescribing support service and pharmacy hub.

The practice pro-actively identified carers, including young carers and ensured they were signposted to appropriate advice and support services. A staff member had been identified as a carers champion and acted as a key contact for carers requesting information about health and support

services. At the time of our inspection the practice had identified 173 patients as being a carer, including two young carers. This represented approximately 4.6% of the practice patient population. However, carers were not offered an annual health check.

All patients over the age of 60 were referred to the local care navigator for review following discharge from hospital. Clinicians also regularly referred patients who had experienced bereavement to the care navigator for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them.
- There were disabled facilities and translation services available. The practice had a hearing loop.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. An appointment text message reminder services was in operation.

Access to the service

The surgery was open from 8am to 6pm on a Monday to Friday with appointments generally running from 8am to 5.40pm. Patients registered with the practice were also able to access appointments with a GP at one of three local extended access care facilities from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a Saturday and Sunday. The practice was intending to launch their own extended hours surgery on a Thursday evening and Saturday morning from mid-September 2017.

Results from the National GP Patient Survey (July 2017) showed that patients' satisfaction with how they could access care and treatment was consistently higher than local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and the national average of 71%.

- 92% of patients described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 70% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 67% and the national average of 64%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 84% and national average of 84%.
- 72% felt they did not normally have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

The majority of patients we spoke with on the day of the inspection, and of those who completed CQC comment cards, reported that they were able to get an appointment within an acceptable timescale. The appointment system operated by the practice enabled patients to pre book appointments, including telephone consultations, up to three months in advance. Same day appointments were made available at 8am and 1pm every weekday and emergency appointments were also available following triage by the on call GP. We looked at appointment availability during our inspection and found that routine pre bookable face to face and telephone consultations with a GP were available the following working day. A pre-bookable appointment with a nurse was also available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available on the practice website and in their practice information leaflet to help patients understand the complaints system.

The practice had recorded eight complaints from 1 June 2016 to the date of our inspection. We found that these complaints had been satisfactorily handled, dealt with in a timely way and lessons learned identified. Written responses to complainants included details of the Parliamentary and Health Services Ombudsman should a

Are services responsive to people's needs? (for example, to feedback?)

complainant remain dissatisfied and wish to escalate their complaint. However, there was no evidence of trends and themes and lessons learned from complaints being shared or discussed with the whole staff group.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice vision was to provide high quality patient centred primary care. Staff we spoke with were aware of this vision and their role in achieving this.

The practice had a mission statement which was:

‘At Grange Road Medical Practice we strive to offer the highest quality modern health care whilst being grounded in traditional patient, family and community centred values’.

The practice had a five year business plan which was regularly reviewed and looked at issues such as staffing, premises, information technology, patient services and plans for service development.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible.
- There was evidence of some clinical audit activity. However, these were not two cycle audits which could demonstrate an improvement in outcomes for patients and there was little evidence of group learning from the audits.
- The practice reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing. Practice staff were able to explain QOF results that fell lower than local and national averages and were committed to improvement.
- The practice had assessed the risks to the health and safety of staff and service users through risk assessment and the delivery of appropriate training.

Leadership and culture

The GPs and operational manager prioritised safe, high quality and compassionate care. The GPs and operational manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff reported that they felt supported by management.

- There was evidence of weekly clinical and monthly nursing team meetings. However, due to the fact that some of the salaried GPs worked part time and the clinical meeting being held on the same day every week, we were initially concerned that some clinicians would not have the opportunity to attend these meetings. The operational manager explained that pastoral and clinical support was available for all their salaried GPs from a GP based at Community Based Care (CBC) Ltd head office. In addition, all salaried doctors employed by CBC Ltd were able to access a social media group to ask questions and seek advice and support and from their peers.
- Non-clinical staff had regular ‘huddle’ meetings and more formal whole staff group meetings as and when required.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. They also said they felt respected and valued.

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

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients’ feedback and engaged them in the delivery of the service.

- The practice had gathered feedback from patients through patient surveys, feedback and complaints received.
- The practice had performed well in the National GP Patient Survey that had been carried out in January 2017 and had been ranked as 1105 out of 7372 in terms of performance.
- They had developed an action plan from the National GP Patient Survey published in July 2017 which included sourcing training for GPs in relation to

Are services well-led?

Good 

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

involving patients and carers in decision making. This was despite attaining 83% in respect of this in the National GP Patient Survey (CCG average 86% and national average 82%).

- The practice had a well-established patient participation group (PPG) which had been in operation for a total of 14 years. This consisted of approximately eight core members who met on a quarterly basis. PPG members who we spoke with reported that they felt actively involved in the running of the practice and that their contribution was valued. Current aims and objectives included encouraging patient uptake of online services. The group was a member of the National Association of Patient Participation Groups.
- The practice carried out a patient survey in October 2016 to seek feedback on a number of issues such as satisfaction with quality of clinical care, ease of accessing timely appointments, waiting times in reception and helpfulness of staff. They had developed an action plan from the feedback received which

included tasking receptionists with informing patients if appointments were running late and launching extended hours access with effect from September 2017.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

Since being awarded the contract for the practice in March 2015 Community Based Care (CBC) Ltd had been committed to stabilising and improving work/life balance for the clinical team. This had involved the recruitment of an additional salaried GP and implementing new ways of working, including the centralisation of some back office and medicines management functions to lessen the burden on clinicians. CBC Ltd were also looking towards the appointment of an 'administrative' GP whose role would involve writing safeguarding and insurance reports and undertaking research and clinical audit activity rather than carrying out patient consultations.