

Coquet Medical Group

Quality Report

Amble Health Centre,
Percy Drive,
Amble,
Morpeth,
Northumberland,
NE65 0HD

Tel: 01665 710481

Website: www.coquetmedicalgroup.co.uk

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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 Coquet Medical Group on 23 February 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).

- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Extended hours surgeries, with GPs and nurses, were offered at both sites every Saturday morning.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff had received training appropriate to their roles.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw some areas of outstanding practice including:

- The practice had engaged with a national cancer charity to help promote and further increase the uptake of cervical smears. This involved sending out

Summary of findings

‘pink letters’ to those patients who had not responded to previous invites, asking them to book an appointment. Since November 2015, 65 pink letters had been sent out and a total of 18 patients who had not previously responded to invites had received the test.

- The practice had proactively engaged with a national diabetes charity to provide a support group for patients. The nearest group was over 25 miles away and was not convenient for patients. One of the GP partners worked with a member of the administrative team to organise a local meeting. An initial meeting was well attended; subsequent events were held in bigger premises to allow more people to attend.

However, there was also an area of practice where the provider needs to make improvements.

Importantly, the provider must:

Ensure appropriate arrangements are in place:

- to maintain the cold chain for medicines requiring refrigeration.
- to securely store medicines.

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.

The 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. Risks to patients were assessed and well managed.

Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

The practice had arrangements in place to manage medicines. However, some medicines were not securely stored at the Amble site and there were some concerns in relation to one of the refrigerators used to store medicines.

Requires improvement



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 support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were effective 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 showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.3% of the points available. This was above the local and national averages of 97.6% and 93.5% respectively.

At 12.0%, the clinical exception reporting rate was 2.8% 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

Good



Summary of findings

side-effect). The practice said that the exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

There was a practice register of all people who were carers; 71 patients (0.6%) of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. The practice had made attempts to increase the number of carers registered and had developed strong links with a national carers' support group.

The National GP Patient Survey published in January 2016 showed the practice scored well in relation to care. Results showed that 94% felt 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 85%. 98% 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%.

Good



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. Learning from complaints was shared with staff.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. An 'access group' had been set up; this group met regularly to review demand and the appointments structure. Extended hours surgeries were offered every Saturday morning between 8.30am and 11.15am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for people that needed them.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 80% of respondents said they were satisfied with opening hours

Good



Summary of findings

(compared to the national and local averages of 77% and 75% respectively). Over 86% (compared to 86% nationally and 85% locally) of respondents were able to get an appointment or speak to someone when necessary. The practice scored highly on the ease of getting through on the telephone to make an appointment (89% of patients said this was easy or very easy, compared to the national average of 78% and a CCG average of 73%).

Are services well-led?

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

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

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events. There was an active patient participation group (PPG) which met on a regular basis and a virtual PPG whose members the practice contacted via email.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area

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 the care of older people.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (98.1%) and the England average (97.9%).

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans. Several patients lived in local residential or nursing homes; there was a named GP for each home. They carried out weekly ward rounds and had regular phone contact with care home and community staff.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people. The district nursing team was based in the same buildings as the practice, which allowed for effective and regular communication between services. Fortnightly palliative care meetings were held where all deaths were discussed, as well as reviewing ongoing cases.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

A higher proportion of patients on the practice list had been diagnosed with some long term conditions compared to local and national averages. For example, the prevalence rate of diabetes was 8.7%, compared to a local average of 6.7% and the national average of 6.4%. The practice had proactively engaged with a national diabetes charity to provide a support group for patients. The nearest group was over 25 miles away and was not convenient for patients. One of the GP partners worked with a member of the administrative

Good



Summary of findings

team to organise a local meeting. An initial meeting was well attended; subsequent events were held in bigger premises to allow more people to attend. Staff told us they planned to carry out a similar scheme for patients with asthma.

Nationally reported QOF data (2014/15) showed the practice had achieved good 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 for providing recommended care and treatment for patients with diabetes, compared to the local CCG average of 95% and the national average of 89.2%.

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

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed.

Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 99% (compared to CCG averages of between 95.3% and 98.1%) and for five year olds ranged from 97.5 % to 100% (compared to CCG averages of between 94.9% and 98.5%).

The practice reached out to school age children. For example, the current flu campaign was advertised within the health centres by posters designed by local children. The practice offered confidential health checks for young people once they reached 15; over the past year around 30 patients had received the checks

The practice's uptake for the cervical screening programme was 86.6%, which was above the CCG average of 83.5% and the national average of 81.8%. The practice had engaged with a national cancer charity to help promote and further increase the update of cervical

Good



Summary of findings

smears. This involved sending out 'pink letters' to those patients who had not responded to previous invites, asking them to book an appointment. Since November 2015, 65 pink letters had been sent out and a total of 18 patients who had not previously responded to invites had received the test.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered every Saturday morning for working patients who could not attend during normal opening hours.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

Additional services were provided such as health checks for the over 45s and travel vaccinations.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

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

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Good



Summary of findings

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 practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 100% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health, compared to the CCG average of 96.5% and the national average of 92.8%.

Performance for dementia related indicators was also above local and national averages (100% compared to 99.1% locally and 94.5% nationally).

Good



Summary of findings

What people who use the service say

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

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

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

The National GP Patient Survey results published in January 2016 showed the practice was generally performing in line with or above local and national averages. There were 114 responses (from 240 sent out); a response rate of 48%. This represented 1% of the practice's patient list.

- 87% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 89% found it easy to get through to this surgery by phone, compared with a CCG average of 78% and a national average of 73%.
- 94% found the receptionists at this surgery helpful, compared with a CCG average of 90% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 87% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 80% described their experience of making an appointment as good, compared with a CCG average of 76% and a national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 74% and a national average of 65%.
- 67% felt they don't normally have to wait too long to be seen, compared with a CCG average of 68% and a national average of 58%.

Areas for improvement

Action the service MUST take to improve

Ensure appropriate arrangements are in place:

- to maintain the cold chain for medicines requiring refrigeration.
- to securely store medicines.

Outstanding practice

The practice had engaged with a national cancer charity to help promote and further increase the uptake of cervical smears. This involved sending out 'pink letters' to those patients who had not responded to previous invites, asking them to book an appointment. Since November 2015, 65 pink letters had been sent out and a total of 18 patients who had not previously responded to invites had received the test.

The practice had proactively engaged with a national diabetes charity to provide a support group for patients. The nearest group was over 25 miles away and was not convenient for patients. One of the GP partners worked with a member of the administrative team to organise a local meeting. An initial meeting was well attended; subsequent events were held in bigger premises to allow more people to attend.

Coquet Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Coquet Medical Group

Coquet Medical Group is registered with the Care Quality Commission to provide primary care services. It is located in the Morpeth area of Northumberland.

The practice provides services to around 11,200 patients from two locations:

- Amble Health Centre, Percy Drive, Amble, Morpeth, Northumberland, NE65 0HD;
- Broomhill Health Centre, Hadston Road, South Broomhill, Morpeth, Northumberland, NE65 9SF.

We visited both of these addresses as part of the inspection.

The practice has six GP partners (two female and four male), three salaried GPs (two female and one male), an advanced nurse practitioner, a nurse practitioner and three practice nurses (all female), two healthcare assistants, a practice manager, and 21 staff who carry out reception and administrative duties.

The practice is a training practice. At the time of the inspection there was one trainee GP and one foundation stage two doctor working at the practice.

The practice is part of Northumberland clinical commissioning group (CCG). The practice population is

made up of a higher than average proportion of patients over the age 65 (23.7% compared to the national average of 16.7%). Information taken from Public Health England placed the area in which the practice was located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Both surgeries are located in purpose built premises. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 6.30pm Monday to Friday and between 8.30am and 11.15am on Saturdays. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday - 8.30am to 11.40am; then from 2.20pm to 5.20pm
- Tuesday – 8.30am to 11.25am; then from 1.00pm to 6.20pm
- Wednesday – 8.10am to 11.30am; then from 2.30pm to 5.10pm
- Thursday – 8.10am to 11.25am; then from 2.30pm to 5.15pm
- Friday – 8.10am to 11.40am; then from 2.30pm to 5.30pm
- Saturday – 8.50am to 10.50am.

A duty doctor is available each afternoon until 6.30pm.

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

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

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

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

We carried out an announced visit on 23 February 2016. We spoke with six patients and 11 members of staff from the practice. We spoke with and interviewed three GPs, a nurse practitioner, the practice manager and six staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed five CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident where a prescribing error had been made, the standard operating procedure (SOP) was updated, an 'at a glance' guide was developed and staff received further training.

Managers were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the medicines manager to the GPs. However, there was no designated lead to decide what action should be taken to ensure continuing patient safety, and mitigate risks, therefore there was a risk that action taken was not consistent throughout the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation

and local requirements and 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had all been trained to level 3 in children's safeguarding.

- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Cleaning audits and checks were undertaken regularly. No formal infection control audits had been carried out, however the infection control lead prepared an annual infection control report and we saw evidence that action was taken to address any necessary improvements. Cleaning staff had suitable equipment to carry out their duties, but there was no designated mop for cleaning the treatment room at the Broomhill surgery. We were told this would be rectified imminently.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Medicines management

Most of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Are services safe?

- Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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).
- Some medicines (vaccines) needed to be stored in a refrigerator. Staff confirmed that the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. Records of the temperatures for one of the refrigerators at the Broomhill site showed that on several days during October and November 2015 and January 2016 the correct temperatures for storage were not maintained (between 8.3 and 10.6 degrees centigrade compared to the recommended maximum of 8 degrees centigrade). It was not clear what action had been taken on those days. The practice had installed an electronic 'data logger' in the refrigerator. During the inspection one of the GP partners downloaded the data; this showed that correct temperatures had been maintained but the dates did not correlate with the records we viewed. Staff felt this was because the date had not been set up correctly when the data logger was installed but agreed to carry out further investigations to ensure the cold chain was maintained.
- Staff used a cool bag to transfer vaccines between the two surgeries and for use on home visits, however; these were not specifically designed to be used for this purpose. Managers told us they would ensure appropriate equipment was used in future.
- Some medicines were not securely stored at the Amble site. The vaccines were held in refrigerators, in a unlocked room, with the keys in the locks of the refrigerators. Staff told us the premises were shared with other healthcare professionals but they would ensure that the door was locked in future.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with posters in the staff rest rooms. The practice had up to date fire risk assessments. Regular fire drills had been carried out at the Broomhill site, but there had not been a drill at the Amble site since 2014. Records showed a drill had been planned for the previous week, but this had to be cancelled as the building had been evacuated following a suspected gas leak. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises; this was equipped with adult but not children's pads. The practice manager told us these would be ordered straight away. There was oxygen with both adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had successfully been put to use the previous week following a suspected gas leak.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. A meeting was held each Tuesday to review any new or updated guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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

The latest publicly available data from 2014/15 showed the practice had achieved 99.3% of the total number of points available, which was well above the England average of 93.5%.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma aged 14 or over and who had not attained the age of 20, in whom there was a record of smoking status in the preceding 12 months was 100%, compared to a national average of 88.2%.
- Performance for diabetes related indicators was better than the national average (100% compared to 89.2%

nationally). For example, the percentage of patients with diabetes, whose last measured total cholesterol is 5 mmol/l or less was 87.8%, compared to a national average of 80.5%.

- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, 100% of women aged 25 or over and who had not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses had a cervical screening test in the preceding 5 years. This compared to a national average of 89.2%.

At 12.0%, the clinical exception reporting rate was 2.8% 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). The exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of the management of recurrent urinary tract infections (UTIs) in nursing home residents. An initial audit was carried out which showed that four patients had received treatment for a UTI on more than three occasions during the year. Action was taken and a new care pathway was implemented. A further audit cycle was carried out and this showed an improvement, in that there were no hospital admissions in relation to UTIs.

The practice participated in applicable local audits, including recent audits on osteoporosis and atrial fibrillation (a heart condition). Findings were used by the practice to improve services. For example, following the atrial fibrillation audit an education session, led by a cardiologist, was arranged for clinical staff to improve their knowledge and confidence in using specialist medicines to treat patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Clinical meetings were held each week, to allow clinical staff to discuss any new guidelines, significant events and share any other learning. The practice was proactive in inviting external experts to deliver training. For example, on the day of the inspection a respiratory specialist had been booked to provide clinical training for staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- The practice had a long track record as a training practice. At the time of the inspection there was one trainee GP and one foundation stage two doctor in post.
- Managers encouraged all staff to achieve their potential. Non-clinical staff also had opportunities to develop their skills; some of the receptionists had expressed an interest in phlebotomy so the practice manager had arranged for them to attend training courses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-weekly basis. Other healthcare staff, including district nurses, health visitors and school nurses were based in the same buildings as the practice, which allowed for effective and regular communication between services.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. QOF data showed the practice had performed exceptionally well in obtaining 100% of the total points available to them for delivering care and treatment aimed at improving public health. This was 4.3% above the national average.

A higher proportion of patients on the practice list had been diagnosed with some long term conditions compared to local and national averages. For example, the prevalence rate of diabetes was 8.7%, compared to a local average of 6.7% and the national average of 6.4%. The practice had proactively engaged with a national diabetes charity to provide a support group for patients. The nearest group was over 25 miles away and was not convenient for

Are services effective?

(for example, treatment is effective)

patients. One of the GP partners worked with a member of the administrative team to organise a local meeting. An initial meeting was well attended; subsequent events were held in bigger premises to allow more people to attend. Staff told us they planned to carry out a similar scheme for patients with asthma.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86.6%, which was above the CCG average of 83.5% and the national average of 81.8%.

The practice had engaged with a national cancer charity to help promote and further increase the uptake of cervical smears. This involved sending out 'pink letters' to those patients who had not responded to previous invites, asking them to book an appointment. Since November 2015, 65 pink letters had been sent out and a total of 18 patients who had not previously responded to invites had received the test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 99% (compared to CCG averages of between 95.3% and 98.1%) and for five year olds ranged from 97.5 % to 100% (compared to CCG averages of between 94.9% and 98.5%). The practice reached out to school age children. For example, the current flu campaign was advertised within the health centres by posters designed by local children.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 people 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.
- There was no background noise in either of the waiting rooms. Staff told us how they lowered their voices and didn't disclose personal information but it was possible to overhear some conversations at the reception desks. Managers were aware of this and said they would consider how to improve confidentiality.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient CQC comment cards we received were positive about the service experienced. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with six patients during our inspection. They also told us they were 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 January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Scores were generally above average. For example:

- 93% said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and the national average of 95%.
- 94% 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 85%.
- 100% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 99% and the national average of 97%.

- 98% 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%.
- 94% patients said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for doctors were generally in line with local and national averages, but scores for nurses were above average. For example:

- 93% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 88% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 97% 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%.
- 98% said the nurse gave them enough time, compared to the CCG average of 95% and the national average of 92%.
- 97% said the nurse was good at involving them in decisions about their care, compared to the CCG average of 88% and the national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about hospice services, diabetes and counselling services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; 71 patients (0.6%) of the practice list had been identified as carers and were being supported, for example,

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had made attempts to increase the number of carers and had developed strong links with a national carers' support group. The carers' group had attended the practice on several occasions, with a display in the waiting rooms to advise patients on how to register as a carer and the support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a clinic, with GPs and nurses, each Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for anyone who needed them. This included people with a learning disability, people speaking through an interpreter or new patients' first appointment.
- Home visits were available for older patients / patients who would benefit from these.
- Several patients lived in local residential or nursing homes; there was a named GP for each home. They carried out weekly ward rounds and had regular phone contact with care home staff.
- Telephone consultations were available with each of the GPs each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Both sites had level access to all facilities.
- The practice offered confidential health checks for young people once they reached 15; over the past year around 30 patients had received the checks.
- Appointments with GPs could be booked online, in person, on the telephone.

Access to the service

Patients could access appointments and services in a way and a time that suited them. Appointments could be booked and repeat prescriptions ordered online by patients who had registered for the service. The practice had been an early implementer of the Electronic Prescribing Service (EPS). (The EPS is an NHS service which enables GPs to send prescriptions to the place patients choose to get their medicines from).

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available at the following times:

- Monday - 8.30am to 11.40am; then from 2.20pm to 5.20pm
- Tuesday – 8.30am to 11.25am; then from 1.00pm to 6.20pm
- Wednesday – 8.10am to 11.30am; then from 2.30pm to 5.10pm
- Thursday – 8.10am to 11.25am; then from 2.30pm to 5.15pm
- Friday – 8.10am to 11.40am; then from 2.30pm to 5.30pm
- Saturday – 8.50am to 10.50am.

Extended hours surgeries were offered every Saturday morning between 8.30am and 11.15am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for people that needed them.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. An 'access group' had been set up; this group met regularly to review demand and the appointments structure. The practice had taken part in a 'capacity and demand survey' in late 2015; this had shown that the practice needed to increase the number of same day appointments. Managers were in the process of reviewing the results and considering what actions to take.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages, except in relation to opening hours. Patients we spoke with on the day of the inspection were able to get appointments when they needed them. For example:

- 89% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 78% and the national average of 73%.
- 80% of patients described their experience of making an appointment as good, compared to the CCG average of 76% and the national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 74% and the national average of 65%.
- 80% of patients were satisfied with the practice's opening hours, compared to the CCG average of 77% and the national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- There was a complaints policy and procedures in place; these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.

- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following one complaint, a significant event was raised and further training for staff on respiratory illnesses had been arranged.

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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and on the practice website. This was 'to develop, manage and deliver high quality primary care services, providing excellent care to meet individual patient needs, within a rewarding staff environment'.
- All staff we spoke with demonstrated they knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Managers had a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GP partners and managers had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and managers were visible in the practice. Staff told us that they were approachable and always took the time to listen.

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

- Staff told us that regular team meetings were held.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did. We also noted that team away days were held twice each year.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice.
- The majority of the staff had worked at the practice for many years and managers told us they had a loyal and supportive team.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through surveys and complaints received. Patients had been asked when they would prefer the practice to provide extended hours. A survey was carried out and the results showed that patients would prefer the practice to open on Saturday mornings. Arrangements were put into place and both sites were open each Saturday morning.

There was an active patient participation group (PPG) which met on a regular basis and a virtual PPG whose members the practice contacted via email. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, some PPG members had raised concerns about the number of patients who did not attend their appointments (DNA rate). The group and practice staff were working together to consider how to minimise the DNA rate.

The practice had also gathered feedback from staff through an annual staff survey, staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they told us they felt involved and engaged to improve how the practice was run. Managers

Are services well-led?

Good 

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

had asked staff for their preferred style of communication. Staff voted for face to face communication, rather than emails or newsletters. A series of team meetings was then set up throughout the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. Several of the GP partners also had lead roles across the North East. For example, one was a professor of primary care at a local university, another was a board member for the clinical commissioning group (CCG)'s Vanguard project (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS). One of the GPs was the medical advisor for the local lifeboat charity.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The practice did not effectively and safely manage medicines. Appropriate arrangements were not in place to maintain the cold chain for medicines requiring refrigeration or to securely store medicines at one of the sites.</p> <p>Regulation 12 (2) (g).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	