

The Surgery - Osborne Road

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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 The Surgery, Osborne Road on 20 October 2016. 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.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care and access was higher than local and national averages. The results of the most recent survey, which took place in July 2016, showed that the practice had gained above local and national averages for all of the 22 indicators. The practice told us that they had been ranked the

19th best performing practice in relation to the survey out of 7708 practices in England. Patients consistently reported that they were treated with compassion, dignity and respect.

- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice regularly reviewed feedback from patients.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was higher than local and national averages.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed.
- The practice did not have a specific process in place to support patients known to have experienced bereavement.

Summary of findings

We saw areas of outstanding practice:

- The practice had developed a letter template to send to patients following NHS health checks. This included a summary report which gave patients information about their physical measurements, blood pressure, cholesterol, blood sugar and cardiovascular risk and what this meant. The letter also included relevant advice, such as dietary advice, and guidance.
- The practice were pro-active in their support of breastfeeding mothers. At 80% the percentage of mothers still breastfeeding at eight weeks was higher than the national average of 46%. One of the GPs was a member of the GP Infant Feeding Network which is committed to providing early support for breastfeeding mothers, particularly in primary care.

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. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Comprehensive staff recruitment and induction policies were in operation and all staff had undertaken a Disclosure and Barring Service (DBS) check. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

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 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 and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had attained 97.4% of the points available to them for 2015/16 compared to the local clinical commissioning group (CCG) average of 95.5% and national average of 94.7%.

Achievement rates for cervical screening, influenza vaccination and the majority of childhood vaccinations were higher than or

Good



Summary of findings

comparable with local and national averages. For example, the percentage of women aged between 25 and 64 who had attended cervical screening 75% compared to the CCG average of 73% and national average of 74%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 93.5% to 100% (compared to the CCG range of 64.7% to 93.5% and national range of 73.3% to 95.1%). For five year olds this ranged from 91.7% to 100% (compared to CCG range of 90.1% to 97.4% and national average of 81.4% to 95.1%).

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

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 2016 were above local CCG and national averages in respect of providing caring services. For example, 99% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 99% said the last nurse they saw or spoke to was good at listening to them (CCG average 93% and national average was 91%).

Results also indicated that 97% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 88% and national average of 85%). 98% 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 offered an influenza vaccination and signposted to appropriate advice and support services by the practice carer's champion. At the time of our inspection they had identified 37 of their patients as being a carer (approximately 0.7% of the practice patient population). We would generally expect practices proactive in their approach to identifying carers to have identified 1-3% of their patients as a carer. However, it is acknowledged that this may be attributed to patient demographics at this practice.

Good



Summary of findings

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 was better than local and national averages. For example, the most recent results (July 2016) showed that 100% of patients found it easy to get through to the surgery by phone (CCG average 79%, national average 73%) and 92% were able to get an appointment (CCG average 85% and national average 85%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. They regularly reviewed patient feedback and had an involved patient participation group.

Good



Are services well-led?

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

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.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had an organisational development plan which documented priorities such as premises, recruitment, succession planning and collaborative working.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice 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 patients. They had a patient participation group.

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

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 Quality and Outcomes Framework (QOF) data for 2015/16 provided by the practice (the data had not been published at the time of our inspection) showed the practice had achieved 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 experiencing heart failure, stroke and transient ischaemic attack and atrial fibrillation.

The practice had previously hosted representatives from a charity for older people within the practice. Although this was no longer the case the practice had maintained an effective working relationship with the charity which helped to ensure that patients and their carers were signposted to appropriate support services.

The practice offered dedicated influenza vaccination clinics.

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's computer system was used to flag when patients were due for review and patients with multiple long term conditions were offered one comprehensive review in their birthday month whenever possible.

The QOF data for 2015/16 provided by the practice showed that they 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 asthma.
- The practice had obtained 100% of the points available to them in respect of chronic obstructive pulmonary disease.

The practice had developed a system to ensure patients at risk of developing diabetes were appropriately monitored and provided with advice on how to avoid developing the condition.

The practice offered an in house 24 hour blood pressure monitoring service and monitoring of patients on disease modifying antirheumatic drugs (DMARDs). One of the GPs had a special interest in dermatology.

Good



Summary of findings

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 the community midwife.

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 childhood immunisation rates for the vaccinations given to two year olds ranged from 93.5% to 100% (compared to the CCG range of 64.7% to 93.5% and national range of 73.3% to 95.1%). For five year olds this ranged from 91.7% to 100% (compared to CCG range of 90.1% to 97.4% and national average of 81.4% to 95.1%).

At 75%, the percentage of women aged between 25 and 64 who had attended for cervical screening was above the CCG average of 73% and national average of 74%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice. A system was in place to ensure that all post natal women were contacted by one of the GPs. The practice was pro-active in their support of breastfeeding mothers. One of the practice GPs was an expert on breast feeding and had developed an effective working relationships with local lactation consultants as a member of the GP Infant Feeding Network. At 80%, the percentage of mothers still breastfeeding at eight weeks was above the national average of 46%.

Good



Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The surgery was open from 8am to 6.30pm on a Monday, Thursday & Friday (appointments from 8.30am to approximately 5.20pm), 8am to 8pm on a Tuesday and Wednesday (appointments from 8am to approximately 7.40pm). The practice was closed for an hour on a Thursday lunchtime.

Good



Summary of findings

The practice offered sexual health and contraception services, travel advice, childhood immunisation service, antenatal services and long term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74). One of the GPs had a special interest in sexual health.

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. Pre bookable telephone consultations were available with a GP.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including 21 patients who had a learning disability. Patients with a learning disability were offered an annual health check and flu immunisation. The practice had worked with health quality checkers to ensure the practice was accessible for patients with a learning disability and had developed a number of easy to read leaflets. The practice was in the process of arranging dementia friends training for their staff and had recently ordered dementia friendly signage for 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. Staff 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 an annual flu vaccination. They were not offered an annual health check. A member of staff had been identified as a carer's champion. At 0.7% of the patient population the number of carers identified was lower than we would expect. However, this was attributed to the patient demographics at this practice.

Good



People experiencing poor mental health (including people with dementia)

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

QOF data for 2015/16 provided by the practice showed that they had achieved the maximum score available for caring for patients with

Good



Summary of findings

depression. They had attained 98.3% and above local and national averages for caring for patients with dementia and 91.2% for caring for patients with a mental health condition, which was comparable with local and national averages.

Patients experiencing poor mental health were invited for an annual review. A system was in place to ensure patients with acute mental health issues were given a same day appointment or telephone consultation.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was consistently higher than the local clinical commissioning group and national averages. Of the 300 survey forms distributed, 109 were returned (a response rate of 36.3%). This represented approximately 2% of the practice's patient list. For example, of the patients who responded to their survey:

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 100% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 98% 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 78%).

- 97% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)
- 98% 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 31 comment cards which were consistently 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 exceptional, professional, pleasant, caring, understanding and polite.

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

Outstanding practice

- The practice had developed a letter template to send to patients following NHS health checks. This included a summary report which gave patients information about their physical measurements, blood pressure, cholesterol, blood sugar and cardiovascular risk and what this meant. The letter also included relevant advice, such as dietary advice, and guidance.
- The practice were pro-active in their support of breastfeeding mothers. At 80% the percentage of mothers still breastfeeding at eight weeks was higher than the national average of 46%. One of the GPs was a member of the GP Infant Feeding Network which is committed to providing early support for breastfeeding mothers, particularly in primary care

The Surgery - Osborne Road

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. Also in attendance was a GP specialist advisor.

Background to The Surgery - Osborne Road

The Surgery, Osborne Road provides care and treatment to approximately 5248 patients from the NE1, NE2, NE3, NE4 and parts of NE4 postcodes in Newcastle Upon Tyne (Jesmond, Gosforth and Heaton suburbs of Newcastle). The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract.

The practice, which is also known as Dr Browell and Partners, provides services from the following address, which we visited during this inspection:

The Surgery

200 Osborne Road

Jesmond

Newcastle upon Tyne

Tyne and Wear

NE2 3LD

The surgery is located in converted ex-residential premises. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. Limited on street parking is available nearby.

The surgery is open from 8am to 6.30pm on a Monday, Thursday & Friday (appointments from 8.30am to approximately 5.20pm) and 8am to 8pm on a Tuesday and Wednesday (appointments from 8am to approximately 7.40pm). The practice closes for an hour on a Thursday lunchtime

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care Ltd).

The Surgery, Osborne Road offers a range of services and clinic appointments including child health surveillance, family planning, foreign travel advice, minor surgery, long term condition reviews and cervical screening.

The practice consists of:

- Four GP partners (three female and one male)
- Two practice nurses (both female)
- Eight non-clinical members of staff including a practice manager, receptionists, secretary and a cleaner.

The practice is a training practice and involved in the training of qualified doctors wishing to pursue a career in general practice. From December 2016 the practice was also due to be involved in the career start nursing programme.

The average life expectancy for the male practice population is 80 (CCG average 77 and national average 79) and for the female population 84 (CCG average 81 and national average 83).

At 39.6%, the percentage of the practice population reported as having a long standing health condition was lower 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.

Detailed findings

At 69.7%, the percentage of the practice population recorded as being in paid work or full time education was higher than the CCG average of 60.5% and national average of 61.5%.

Deprivation levels affecting children and adults were much lower than local and national averages and the practice was placed in the tenth most deprived decile.

The practice had a much higher than national average number of patients in the 20 to 24 year age group. Approximately 50% of the practice patient population consisted of patients aged between 20 and 45.

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 20 October 2016. During our visit we spoke with a mix of clinical and non-clinical staff including the GPs, the practice nurse, the practice manager and receptionists. We spoke with four 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 31 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. We also spoke to attached staff that worked closely with, but were not directly employed by, the practice.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this.

The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. The practice had recorded five significant events during the previous 12 months. Significant events were regularly discussed and reviewed at practice meetings and appropriate action taken. For example, the practice had recorded a significant event where a clinician had referred and acted upon a patient's old electrocardiogram (ECG) results rather than more recent results. As a result the practice had developed a protocol to ensure all ECG results which were older than two months were moved into a separate archive folder to prevent the problem from recurring.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events and safeguarding incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). 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. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

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 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. GP safeguarding leads had been identified and the practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.

- Chaperones were available if required. All staff who acted as a chaperone had undertaken appropriate training and 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 a deep clean was carried out annually. Regular infection control audits were carried out where action plans were identified and monitored. A comprehensive 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 personnel files of staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. The practice was in the process of developing a locum induction pack.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice manager encouraged a culture of openness and honesty.
- Patient safety alerts were recorded, monitored and 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) had been adopted by the practice to enable their nursing staff to administer medicines in line with legislation. PGDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.

Monitoring risks to patients

Are services safe?

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 and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training; fire alarms were tested on a weekly basis and fire evacuation drills carried out annually. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 staff had been trained to enable them to cover each other's roles when necessary. A buddy system was in place with the GPs to ensure that hospital discharge information and test results were dealt with in a timely manner.

- The practice occasionally used locum GPs. They were in the process of developing a locum induction pack.

Arrangements to deal with emergencies and major incidents

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

- All staff 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, some of the staff we spoke with were not aware of the plan or of the reciprocal arrangements the practice had with two other practices in the area.
- 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 regular clinical, educational and multi-disciplinary team meetings which were an opportunity for clinical staff to discuss clinical issues and patients whose needs were causing concern. Clinical staff also met informally on a daily basis.

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 97.4% of the total number of points available to them compared with the clinical commissioning group (CCG) of 95.5% and the national average of 94.7%.

The 2015/16 data showed that at 7.3% their overall clinical exception rate was lower than the local CCG average of 8.9% and national average of 9.2%. 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 10 of the 19 QOF indicators, including asthma, cancer, chronic obstructive pulmonary disease and heart failure. For seven of the other indicators the practice had still scored either above or comparable with local and national averages. The practice had scored below local and national averages for:
- Osteoporosis (66.7% compared to CCG average of 87.5% and national average of 81.4%)
- Rheumatoid arthritis (92.8% compared to CCG average of 97.2% and national average of 95.4%).

The practice were able to explain that the low attainment rate in respect of osteoporosis was due to the practice not having any patients with this condition.

The practice carried out clinical audit activity to help improve patient outcomes. For example, we saw evidence of a two cycle audit to ensure patients prescribed thyroid medication were being monitored and recalled for regular reviews. During the first cycle of the audit 137 patients were found to have been prescribed thyroid medication yet only 85 (62%) had received an appropriate review in the previous 15 months. The second cycle of the audit revealed that 133 patients had been prescribed the medication and 123 (92.5%) had received an appropriate review in the previous 15 months. Another audit looking at heparin prescribing (a blood thinning medication) resulted in the importance of checking the weight and renal function of patients with this prescription every 12 weeks being embedded with the GPs.

The practice effectively monitored their prescribing to ensure it was in line with local and national guidelines and averages. For example, they were able to demonstrate that they had reduced the prescribing of restricted antibiotics such as quinolones and cephalosporins by 5% from August 2015 to September 2016.

They had also implemented a new computer coding system which enables them to carry out a number of searches which would enable them to carry out enhanced quality improvement work.

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

Effective staffing

The staff team included GPs, practice nurses, a practice manager, receptionists, a secretary and a cleaner. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff. However, the GPs had not undertaken health and safety training. We raised this issue with the practice manager on the day of the inspection who assured us that this would be arranged without further delay. Information subsequently provided by the practice confirmed that the GPs had all completed health and safety training by 11 November 2016.

Are services effective?

(for example, treatment is effective)

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.

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 practice occasionally used locum GPs and were in the process of developing a locum induction pack.

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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Practice staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses 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.

Vaccination rates for 12-month and 24-month old babies and five-year-old children were higher than CCG and national averages. For example, data available for the 2015/16 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 93.5% to 100% (compared to the CCG range of 64.7% to 93.5% and national range of 73.3% to 95.1%). For five year olds this ranged from 91.7% to 100% (compared to CCG range of 90.1% to 97.4% and national average of 81.4% to 95.1%).

At 75%, the percentage of women aged between 25 and 64 who had attended for cervical screening was above the CCG average of 73% and national average of 74%. At 64% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within six months of invitation was higher than the CCG average of 55% and national average of 55%.

Patients had access to appropriate health assessments and checks. This included health checks for patients aged over 75 and NHS health checks for patients aged between 40 and 74. A health monitor was available in reception to enable patients to check their own blood pressure, height, weight, heart rate and body mass index. The results were then recorded on a patient's record. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. The practice had developed a letter template to send to patients following NHS health checks. This included a summary report which gave patients information about their physical measurements, blood pressure, cholesterol, blood sugar and cardiovascular risk and what this meant. The letter also included relevant advice, such as dietary advice, and guidance. The practice

Are services effective?

(for example, treatment is effective)

had carried out 22 NHS, 201 new patient and 345 over 75 health checks during the quarter ending September 2016. Information such as NHS patient information leaflets were also available for patients.

The practice had developed a flowchart for staff to refer to when recalling patients with long term conditions for

reviews. This ensured patients were booked in for an appointment with either a GP or with a nurse and GP. It also helped to ensure patients were allocated the correct length of appointment time and sent the correct review invitation letters.

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.
- Reception staff had undertaken customer care training.

We received 31 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with four patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very happy 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 2016) showed patient satisfaction was consistently higher than local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 99% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 97% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 99% 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%.
- 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 higher than local CCG and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 99% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national averages of 82%.
- 99% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 99% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had a hearing loop and access to a translation service for patients who did not have English as a first language.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 21 patients recorded as living with a learning disability.

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

Are services caring?

The practice identified carers and ensured they were offered an annual influenza vaccination and signposted to appropriate advice and support services by the practice carers champion. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 37 of their patients as being a carer (approximately 0.7% of the practice patient population). We would generally expect practices proactive

in their approach to identifying carers to have identified 1-3% of their patients as a carer. However, it is accepted that the low attainment rate may be attributed to patient demographics at the practice.

The practice carried out a weekly check of patients who had attended A&E or been discharged from hospital to ensure appropriate support was in place, especially for those patients with care plans. The practice did not have a specific process in place to support patients known to have experienced bereavement.

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. Pre bookable telephone consultations were available.
- The practice had identified a member of staff as a carers champion.
- The practice offered an in house 24 hour blood pressure monitoring service and monitoring of patients on disease modifying anti-rheumatic drugs (DMARDs).
- One of the GPs had a special interest in dermatology. There was also a GP with a special interest in sexual health.
- The practice was pro-active in their support of breastfeeding mothers. One of the GPs was an expert on breast feeding and had developed an effective working relationship with local lactation consultants through membership of the GP Infant Feeding Network. All new mothers were contacted by telephone by a GP as soon after the baby's birth as possible to offer support and, if applicable, breast feeding advice. At 80% the number of mothers still breastfeeding their child at eight weeks was higher than the national average of 46%.
- The practice had worked with health quality checkers to ensure the practice was accessible for patients with a learning disability and had developed a number of easy

to read leaflets. The practice was in the process of arranging dementia friends training for their staff and had recently ordered dementia friendly signage for the practice.

- The practice had offered an extended access clinic on a Saturday morning. However, they had found that approximately 10-12% of patients who had booked an appointment for a Saturday morning failed to attend. They had therefore decided to offer extended hours opening two nights per week instead which had resulted in a reduction in the number of patients failing to attend extended hours appointments.

Access to the service

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 100% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 97% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 94% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 68% and the national average of 65%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG and national averages of 85%.
- 86% felt they didn't normally have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Patients we spoke to on the day of the inspection and 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 included a mix of pre bookable, pre bookable telephone, on the day and urgent appointments. We looked at appointment availability during our inspection and found that routine GP and nurse appointments were available four working days later. Urgent appointments with a GP were available the same day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice actively monitored the number of patients who failed to attend their appointments and took appropriate action in relation to this. In September 2016, 88 patients had failed to attend, the equivalent of 19 hours of clinical appointment time. This information had been displayed in the practice waiting room to encourage patients to cancel unwanted appointments.

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 was in the process of being reviewed and updated.

- The practice manager had been identified as lead for dealing with complaints.
- We saw that information was available in the reception area to help patients understand the complaints system. Information for patients on how to complain was also included in the practice information leaflet and on the practice website.

The practice had recorded two complaints during the period 2014/15 and none during the period 2015/16. We found that these complaints had been satisfactorily handled and dealt with in a timely way. The complaints, and lessons learned from them were discussed at practice meetings.

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 deliver high quality care and promote good outcomes for patients

The practice did not have a mission statement. However, their aims and objectives as detailed in their statement of purpose included:

- The provision of general medical services from cradle to grave
- Offering a range of high quality services to our patients
- A holistic approach to patient care by utilising the skills and competencies of the whole team.

The practice had a comprehensive five year organisational development plan which they had developed in 2015 and updated regularly. This covered issues such as premises, recruitment, succession planning and collaborative working.

Governance arrangements

The practice had an overarching 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
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing.

Leadership and culture

The GPs and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice 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 a schedule of regular business, clinical, educational and multi-disciplinary team meetings which included discussions about palliative care, high risk and vulnerable patients. The practice closed for an hour every Thursday which was used as an opportunity for an administration team meeting with the practice manager. A GP attended this meeting when appropriate. Clinical staff also met informally on a daily basis.
- 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.

The practice had not completed the application process to register a GP partner who had joined the practice in April 2014 with the Care Quality Commission. The practice had not realised this until preparing for our inspection. We were told this had been due to an oversight and changes to practice management arrangements in 2014. The practice subsequently submitted the necessary documentation.

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

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

- The practice had gathered feedback from patients through analysis of the National GP Patient Survey results, friends and family test, feedback and complaints received.
- Results from the friends and family test from 1 April 2015 to the date of our inspection revealed that 99% of the 87 patients who responded would be either extremely likely or likely to recommend the practice to family members or friends.
- The practice regularly reviewed the results of the National GP Patient Survey to consider whether there were any areas requiring action. The results of the most recent survey, which took place in July 2016, showed that the practice had gained above local and national averages for all of the 22 indicators. The practice told us

Are services well-led?

Good 

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

that they had been ranked the 19th best performing practice in relation to the survey out of 7708 practices in England and the second highest in the North East of England.

- The practice had a patient participation group (PPG) which consisted of approximately seven core members who met a minimum of twice per year. Past involvement had included tidying the reception area, considering the needs of vulnerable patients and online patient access. They were also involved in reviewing anonymised complaints to consider possible trends and themes. PPG members we spoke to during the inspection told us they felt involved and that the practice acted on their input and views.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels. For example they were committed to being involved in a training programme for career start nurses as they felt this would aid recruitment of practice nurses in the future. They had also implemented a new computer coding system which enabled them to carry out a number of searches to aid quality improvement work. In addition, their business plan outlined their intention to look at ways of collaborative working.