

Belford Medical Practice

Quality Report

Croft Field
Belford
Northumberland
NE70 7ER

Tel: 01668 213738

Website: www:Belfordmedicalpractice.nhs.uk

Date of inspection visit: 23 January 2018

Date of publication: 09/04/2018

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

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Belford Medical Practice

4

Detailed findings

5

Action we have told the provider to take

19

Overall summary

Letter from the Chief Inspector of General Practice

At our previous inspection on 7 October 2014, we rated the practice as good overall. At this inspection, we have also rated the practice as good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Belford Medical Practice on 23 January 2018, to check that the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk, so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Overall, patients received safe care. However, there were shortfalls in relation to some aspects of the practice's arrangements for managing medicines such as vaccinations, which could pose a risk to patient safety.
- The practice routinely reviewed the effectiveness and appropriateness of the care and treatment they provided. Staff ensured that care and treatment was delivered in line with evidence-based guidelines.
- Results from the NHS National Patient Survey showed patients were treated with compassion, dignity and respect, and were involved in decisions about their care and treatment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- The practice planned and co-ordinated patient care with the wider multi-disciplinary team, to deliver responsive care to patients with complex health needs, or those living in vulnerable circumstances.
- The practice had good facilities and was well equipped to treat and meet patients' needs.
- GP staff held lead roles in the areas of learning disabilities, research and diabetes within the wider health community. They proactively collaborated with their local Clinical Commissioning Group, and other local practices, to influence and drive improvements in the delivery of patient care within the locality.
- Overall, there were clear responsibilities, roles and systems of accountability to support good governance and management.

We saw areas of outstanding practice:

- Feedback from patients about access to appointments and the quality of their care and treatment was consistently very positive. The results of the NHS National GP Patient Survey, published in July 2017, placed the practice in the top five best performing surgeries in the North East, and in the top 20 surgeries nationally. Data from the survey showed patients rated the practice significantly higher for all aspects of care, when compared to the local CCG and national averages. This high level of achievement had been sustained over a number of years. In particular, 100% of patients described their overall experience of this practice as good.
- The practice had consulted an expert-by-experience from a charity for people with a learning disability, to help them identify what improvements they could make to the services they provided to patients with learning disabilities. Also, following feedback from

local dementia awareness professionals, the practice had taken steps to make the premises and their services more accessible to patients with dementia. This included trialing a dementia research kiosk, which facilitates the involvement of patients with dementia, and their carers, in relevant research projects.

- Staff from the practice actively supported a local dedicated charity, which raises money to provide equipment for patients registered with the practice. For example, over the past 12 months, patients had been able to benefit from the purchase of blood sugar testing and electrocardiograph machines, which meant they were able to receive care and treatment closer to home.

We identified one regulation that was not being met. The provider must:

- Ensure care and treatment is provided in a safe way to patients. We identified some shortfalls in relation to the management of medicines, particularly in relation to ensuring that the correct legal authority was in place for non-clinical staff to administer vaccinations.

The areas where the provider should make improvements are:

- Review the dispensary's Standard Operating Procedures to ensure they are fit for purpose, reflect current practices and are fully implemented. In particular, those relating to: monitoring refrigerator temperatures; safe custody of prescriptions; completion of medicine reviews.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Belford Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team also included a second inspector, a CQC medicines inspector, a GP specialist adviser and an expert by experience.

Background to Belford Medical Practice

The Belford Medical Practice is located in the Belford and Seahouses areas of Northumberland and provides care and treatment to 4464 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG). A dispensing service is provided for patients who live further than one mile away from the Belford practice and the branch surgery. We visited the following locations as part of the inspection:

Belford Medical Practice, Croft Field, Belford, Northumberland, NE70 7ER.

Seahouses Health Centre, James Street, Seahouses, Northumberland, NE68 7XZ.

The practice serves an area where deprivation is lower than the England average. Information supplied by Public Health England places the practice in the fifth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Belford Medical Practice has fewer patients aged under 18 years of age, and more patients over 65 years, than the England averages. The percentage of people with a

long-standing health condition is higher than the England average, 59.4% compared to 53.7%. Life expectancy for women (84.4) and men (80.7) is similar to the England averages of 83.2 and 79.2 respectively. National data showed that 0.9% of the population are from non-white ethnic groups.

The main surgery at Belford occupies a purpose built building, which also hosts community healthcare staff. The Seahouses branch is located in a purpose built health centre, which also provides accommodation for the branch surgery of another GP practice. All consultation and treatment rooms are on the ground floor. Disabled access is provided via a ramp at the front of each of the premises. A range of services are provided including, for example, clinic appointments for patients with heart disease, diabetes or asthma. The practice consists of three GP partners (one male and two female), a practice manager, two practice nurses (female), a nurse practitioner (female), a healthcare assistant (female), a medicines manager, three receptionist/dispensers, two dispensers and a small team of reception staff. The practice provided training opportunities for GP Registrars and placements for final year medical students.

The Belford practice is open Monday to Friday between 8:30am and 6pm. The Seahouses branch surgery is open: Monday and Thursday between 8:30am and 17:30pm; Tuesday between 10am and 17:30pm, and Friday between 8:30am and 12:30pm. Extended hours appointments are provided each Tuesday between 6:30pm and 8pm, in collaboration with other local practices.

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

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and protected from abuse.

- The practice had carried out health and safety risk assessments, to help keep patients and staff safe. Health and safety policies were in place. These included fire risk assessments for both surgeries and an assessment of the risks posed by potential threats to the day-to-day running of the practice. These had been reviewed during the previous 12 months and staff were able to easily access them, should this be necessary.
- The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They clearly outlined who to go to for further guidance. The practice worked with other agencies to support patients and protect them from neglect and abuse. Regular multi-disciplinary meetings were held to help manage patient risk and to share information. Children identified as being at risk of potential harm were highlighted on the practice's medical records system, to make sure this could be taken into account when meeting their needs.
- The practice carried out checks to help make sure staff were safe to work with vulnerable patients. These included checks before staff were appointed, as well as on-going checks to make sure the GPs and nurses continued to be registered with their professional regulatory body and had appropriate indemnity cover. Disclosure and Barring Service (DBS) checks had been completed for clinical staff. (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 and/or adults who may be vulnerable). The practice manager told us DBS checks had not been completed for non-clinical staff. Although the decision not to carry out DBS checks had been discussed and decided at a staff meeting this had not been documented in the form of a written risk assessment.

- All staff had received training in safeguarding children and vulnerable adults that was appropriate to their role and they knew how to identify and report concerns. Arrangements were in place to provide patients with access to a chaperone. This role was only undertaken by clinical staff, who had undergone a DBS check and completed training delivered by the practice's nurse practitioner.
- There was an effective system to manage infection prevention and control. This included carrying out an annual infection control audit covering both sites. A building cleanliness assessment was carried out twice a year. However, although the cleanliness of the paper privacy curtains was checked regularly, the curtains had not been replaced since April 2016. Following the inspection, the practice submitted a copy of the risk assessment they had completed to manage the risks they had identified.
- The practice ensured equipment, including clinical equipment used to treat patients, was safe to use.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were effective arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. Good staffing levels were in place. GP locum staff were not used. Any additional cover required was provided by the salaried GP.
- Staff understood their responsibilities to manage emergencies occurring on the premises and knew how to identify those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections such as, for example, sepsis.
- When there were changes to how services were provided or changes to staff, the practice assessed and monitored the impact on safety. For example, following the departure of a member of the nursing team, the practice reviewed their arrangements for delivering patient care, and put arrangements in place to support a member of staff to act as a healthcare assistant. This was being carefully monitored to ensure the changes made were not placing patients at risk of harm.
- The practice had an up-to-date business continuity plan, to help them respond in the event of an emergency. This was available to key staff when they were off site.

Are services safe?

Information to deliver safe care and treatment

- Individual care records were recorded and managed in a way that kept patients safe. The care records we saw, showed that information needed to deliver safe care and treatment was available to relevant staff and easily accessible.
- The practice had systems for sharing information with staff and other agencies, to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The arrangements for managing medicines at the practice, including emergency drugs and vaccinations, had the potential to place patients at risk of harm. In particular:

- The expiry dates of emergency medicines were checked and recorded monthly. Dispensary staff were able to explain the process for carrying out expiry checks in the dispensary but were unable to provide documented confirmation of this during the inspection.
- Staff told us they had processes in place for managing the review dates of repeat prescriptions. However, we reviewed ten records and found seven were overdue a review, with one dating back to July 2015. Following the inspection, the practice took immediate action to review their processes and told us they had put an action plan in place to address this shortfall.
- Medicines stored in the treatment rooms and medicines refrigerators were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperature, but this was not always followed by staff. For example, over a time period of one month, we identified twenty occasions where the temperature in the refrigerators had exceeded the maximum temperature. However, there was no record of the action taken by staff when these occurred. Following the inspection, staff took prompt action to review the reasons for this and they had begun to put arrangements in place to address this concern.
- The practice nurse administered vaccines. However, this was not happening in line with legal requirements or national guidance. We found that none of the Patient Group Directions (PGDs) complied with the legal requirements. This was because one section of the PGDs had not been signed. However, staff took action to address this shortfall on the day of the inspection.
- The practice employed a health care assistant (HCA) who administered vaccines. However, they were not administering vaccines in line with legal requirements or national guidance. We looked at three records where an appropriate Patient Specific Directive (PSD) could not be provided, for the vaccinations that had been administered by the HCA.
- The practice told us how they managed medicines alerts. Documentary evidence was available to confirm that medicine alerts had been actioned. The provider informed us post inspection that they had reinstated retaining a log of all other patient safety alerts in-house.
- Blank computer prescriptions at the branch surgery were not stored securely in line with national guidance. Staff took immediate action on the day to ensure the security storage of prescriptions.
- Emergency medicines were easily accessible to staff and all staff knew of their location. However, we identified concerns around the security of these medicines. We were informed by practice staff post inspection that a risk assessment was in place to govern holding emergency medicines in unlocked spaces as they felt this enabled rapid access and control were in place. However, the copy of the risk assessment we received in relation to this appears to have been created post inspection. All medicines we checked were in date and procedures were in place to ensure medicines were fit for use. The practice also had a defibrillator and supply of oxygen available at each site.

Other systems and processes for handling medicines were safe.

- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing.
- All medicines we checked were in date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse.) Standard procedures setting out how these were to be managed were in place. These were being followed by practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out on a regular basis.

Are services safe?

- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients using their dispensary. We were shown a log of 'near-misses' (a record of dispensing errors that have been identified before medicines have left the dispensary). The log included details of the discussions staff had about the 'near-misses' and the lessons that were learnt. These lessons were also shared with staff working at the branch surgery.
- All staff working in the dispensary completed an annual competencies check. This consisted of a practical exercise which incorporated actual errors made in the dispensary.
- All prescriptions were signed by a GP, before they were given to patients and there was a system in place to support this.
- Arrangements were in place to monitor patients who had been prescribed high-risk medicines.
- The practice provided a safe home delivery service.

Track record on safety

Apart from the shortfalls identified above, the practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice continuously monitored and reviewed their safety practices. This helped the practice to understand potential risks to patient safety, and gave a clear, accurate overview that staff were able to use to make improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and 'near-misses'. Leaders and managers supported them when they did so.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned from incidents and took action to improve safety. For example, in one significant event, a patient had been given the wrong immunisation. Following this, working practices were reviewed and a new system was introduced to prevent a reoccurrence. Where judged relevant, staff had shared significant events with other services, to help promote shared learning and improvement.
- There was a system for receiving and acting on safety alerts. All safety alerts received were logged and shared with staff. The practice manager told us they always checked to make sure any actions required had been undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. These included accessing updates on guidelines issued by the National Institute for Clinical Excellence (NICE). In addition, monthly educational sessions were used to discuss changes to guidance and what this meant for the practice. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included an assessment of their clinical needs and their mental and physical wellbeing. Quality improvement activities had been carried out, to help ensure clinical staff were following current best practice guidance. For example, staff had completed a full cycle audit to check whether the practice's monitoring arrangements for patients who had gout were in line with the British Society of Rheumatology UK Guidelines.
- Staff used technology to help them provide a better service to their patients. Through donations and patient fundraising efforts, the practice was able to purchase equipment that would otherwise not be available. This included: an ECG machine for both sites, mobile blood pressure monitoring equipment and specialist lighting to assist with cervical screening.
- We saw no evidence of discrimination when decisions about care and treatment had been made.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their needs. Those identified as being frail had a clinical review, including a review of their medication.
- The practice followed up on older patients discharged from hospital. Appropriate arrangements were in place to help ensure their care plans and prescriptions were updated, to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review, to check their health and medicines

needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long-term conditions had received relevant training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme and uptake rates were above the target of 90%.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 77.3%, which was below the 80% target of the national screening programme. However, it was in line with the local clinical commissioning group (CCG) average of 78.4% and above the national average of 71.9%.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40-74. There were appropriate follow-ups on the outcomes of health assessments and checks, where abnormalities or risk factors were identified. Over a 12 month period the practice had offered 436 patients a health check and 188 patients had taken up the offer.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability or other mental health needs.

People experiencing poor mental health (including people with dementia):

- 93.3% of patients diagnosed with dementia had their care reviewed, in a face-to-face meeting, during the period April 2016 to 2017. This was the same as the local CCG average and above the national average of 83.7%.
- 96.3% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented, during the period April 2016 to 2017. This was above the local CCG average of 92.6% and the national average of 90.3%.

Are services effective?

(for example, treatment is effective)

- The practice specifically considered the physical health needs of patients with poor mental health, including those living with dementia. For example:
 - 100% of patients who experienced poor mental health had their level of alcohol consumption recorded in their medical records, during the period April 2016 to March 2017, compared to the local CCG average of 94.4% and the national average of 90.7%.
 - 96.2% of patients experiencing poor mental health, had had their blood pressure taken and recorded during the preceding 12 months. This was above the local CCG average of 92.8% and the national average of 90.5%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care they provided.

- The practice undertook clinical audits, to help them improve outcomes for their patients. The sample of clinical audits we looked at were relevant, showed learning points and evidence of changes to practice. They were clearly linked to areas where staff had identified potential risks to their patients. For example, an audit had been carried out to check that patients prescribed anticoagulant medicines were receiving regular blood monitoring. A follow-up audit, completed six months later, demonstrated that improved coding on medical records had resulted in an improved recall process for patients requiring regular review and ongoing monitoring.
- Clinical staff took part in local and national improvement initiatives. For example, the practice acted as the local research lead and was playing a lead role in developing a data sharing agreement, which would make it easier to manage research demands across multiple sites.

The most recent published Quality Outcome Framework (QOF) results for the practice showed they had obtained 99.5% of the total number of points available, compared to the local CCG average of 99% and the national average of 95.6%. The overall exception reporting rate was 10.4% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the

patients decline, or do not respond to, invitations to attend a review of their condition, or when a medicine is not appropriate.) The QOF results showed that a very small number of clinical indicators had higher than average exception reporting rates. We explored these areas with the practice and found suitable systems and processes were in place to help staff maintain their very good QOF performance. These included: having designated clinicians oversee performance in key QOF areas; using pop-up alerts on the clinical IT system to remind staff to complete outstanding clinical tasks. The practice had a good patient recall system in place, which staff told us worked well.

Effective staffing

Overall, there was evidence that staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included administering immunisations, and taking samples for the cervical screening programme, had received appropriate training. However, clinical staff carrying out chaperone duties had not completed formal chaperone training. The practice manager told us the new training package would allow them to address this shortfall.

- The practice understood the learning needs of staff and provided protected time and appropriate training to meet them. For most staff, up-to-date records of their skills, qualifications and training had been maintained. However, with regards to some of the mandatory training completed by non-clinical staff, the practice had been unable to obtain documentary evidence confirming completion. The practice had recently purchased a new training package to provide staff with better access to mandatory training as well as documentary evidence that they had completed it.
- The practice provided staff with ongoing support. This included providing effective inductions, appraisals, coaching and mentoring for staff carrying out extended roles, clinical supervision and support for revalidation. The practice's healthcare assistant carried out a limited range of clinical tasks. The practice manager confirmed that, in respect of those tasks, they had received training which covered the requirements of the Care Certificate.
- There was a clear process for supporting and managing staff who were underperforming.

Staff worked together and with other health and social care professionals, to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- Clinical staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, for example when they were referred to, and discharged from, hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the practice kept a list of patients requiring end of life care, to help ensure patients' needs were identified and met.
- The QOF data, for 2016/17, confirmed that the practice kept a register of all patients in need of palliative care. Staff held three-monthly, multi-disciplinary meetings, where all patients on the register had their needs reviewed.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in need of palliative care, patients at risk of developing a long-term condition and patients who were also carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff ensured any changes to care or treatment were discussed with patients and, where appropriate, their carers.
- The practice supported national priorities and initiatives to improve the population's health. This included, for example, the promotion of smoking cessation and initiatives to tackle obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with current legislation and guidance.

- Clinicians understood and followed the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice had a process for seeking consent. Arrangements were in place to carry out routine audits, to monitor staff's compliance.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Receptionists were able to offer patients wishing to discuss sensitive issues access to a private space should this be requested.

Arrangements were in place to collect monthly NHS Friends and Family Test (FFT) feedback at both surgeries. The feedback from surveys completed during the previous three months showed all 34 respondents would recommend the service to family and friends.

All but one of the Care Quality Commission comment cards we received were very positive about the care and treatment patients received. Results from the annual National GP Patient Survey of the practice, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. (219 surveys were sent out and 128 were returned. This represented approximately 2.9% of the practice population.) The practice had performed well and was above average for all of its satisfaction scores relating to consultations with GPs and nurses. Of the patients who responded to the survey:

- 100% said the last GP they saw or spoke to was good at listening to them, compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 99% said the last GP they saw or spoke with gave them enough time, compared to the local CCG of 90% and the national average 86%.
- 100% said they had confidence and trust in the last GP they saw or spoke to, compared to the local CCG average of 97% 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 local CCG average of 90% and the national average of 86%.

- 96% said the last nurse was good at listening to them, compared to the local CCG average of 94% and the national average of 91%.
- 98% said the last nurse gave them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw or spoke with, compared to the local CCG average of 99% and the national average of 97%.
- 97% said the last nurse they saw or spoke to was good at treating them with care and concern, compared to the local CCG average of 93% and the national average of 91%.
- 96% said they found the receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and they communicated with patients in a way that they could understand. For example:

- The practice had systems and processes in place to meet the needs of patients who have a disability, impairment or sensory loss. The practice was aware of the Accessible Information Standard (AIS) and, following support from the local CCG, had begun to review their systems and processes to ensure compliance. However, the practice manager advised that, due to other competing priorities, this work had not yet been completed. They told us they would complete this work following the inspection. (The AIS is a requirement to make sure that patients and their carers can access and understand the information they are given.)
- Patients with learning disabilities, visual and hearing impairments were highlighted on the practice's clinical IT system, so clinicians could take this into account during consultations.
- The practice's patient list contained a very small number of patients whose first language was not English. Staff had access to an interpreter service should this be required. However, there was no information advertising this service in either surgery.

The practice had taken steps to identify patients who were carers. For example:

Are services caring?

- The new patient information form asked patients registering with the practice to indicate if they were also carers and whether they needed any support with managing their own health needs. Patients identified as carers had been highlighted on the clinical IT system.
- The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 90 patients as carers (2% of the practice list). Staff informed these patients that they were eligible to receive the influenza vaccine and invited them to attend for a carers' review. A carers' champion had been identified and was helping the practice to further improve the support they provided to this group of patients.
- The practice's website signposted patients to the local carers' group, to help ensure they had the support they needed to access local services.
- Families who had experienced bereavement were offered a home visit and a condolence letter was sent out acknowledging their loss. Information about bereavement was available at the practice.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice had performed well and results were above all of the local CCG and national averages. Of the patients who responded:

- 99% 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%.
- 99% said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 87% and the national average of 82%.
- 96% said the last nurse they saw was good at explaining tests and treatments, compared to the local CCG average of 91% and the national average 90%.
- 94% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of maintaining patients' dignity and respecting their right to privacy.
- The practice complied with the Data Protection Act 1998. They had completed the NHS Information Governance toolkit, to help them assess the systems and processes they had in place to keep information safe. The practice had obtained a satisfactory rating.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The practice understood the needs of their patient population and tailored services in response to those needs. For example, they provided online services which enabled patients to request repeat prescriptions and book appointments in advance. The practice had made arrangements for patients to access additional services at the practice such as cryotherapy, physiotherapy, psychotherapy and mental health counselling.
- The practice improved services where possible in response to unmet needs. For example, they were collaborating with five local practices to provide patients with access to extended hours appointments, with a GP or nurse. The nurse practitioner, who specialised in diabetes care, was able to commence insulin therapy on-site, to enable patients to access this treatment closer to home.
- The facilities and premises at both surgeries were appropriate for the services they delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, following feedback from a patient, staff had purchased two sets of microphone headsets, to assist with hearing amplification for patients with a hearing impairment.
- Care and treatment for patients with multiple long-term conditions, and patients approaching the end of their lives, was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in another setting such as a care home.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments, for those with enhanced needs. The GPs also carried out home visits for those patients who had difficulties getting to the practice, due to the limited availability of local public transport and social isolation.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicine needs were being appropriately met. Consultation times were flexible, if patients were unable to attend specific clinics.
- A range of healthcare specialists provided clinics at the practice, so that patients could access care and treatment closer to home. These included a smoking cessation and weight management appointments and access to joint injections and physiotherapy for patients with musculoskeletal problems.
- The practice held regular meetings with local community health staff such as the local district nurses, to discuss and manage the needs of patients with complex medical needs.

Families, children and young people:

- Systems were in place which helped to identify and follow up children living in disadvantaged circumstances who were at risk. For example, staff followed up children and young people who failed to attend planned appointments, including for immunisation appointments.
- Parents calling the practice with concerns about a child under the age of 18 were able to access clinical advice and support, and were offered a same-day appointment when appropriate.
- Midwife and health visitor-led, ante-natal and pre-natal clinics were held at the practice and the GPs carried the post-natal six-weekly checks.
- Patients were able to access family planning services, including the fitting of contraceptive devices.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients were able to access extended hours appointments with a GP or nurse on Tuesday evenings. Telephone consultations were provided, to make it easier for working patients to access clinical advice during normal working hours. Patients were able to book appointments and request repeat prescriptions online.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability or mental health needs.
- The practice had hosted a visit from a charity that supports people with a learning disability. This included an expert-by-experience who helped staff identify whether there were any adjustments they could make, to improve how they offered services to patients with learning disabilities.
- Where clinicians judged that vulnerable patients had complex needs, they completed an emergency healthcare plan. Concerns about the wellbeing of vulnerable patients were identified prior to, and discussed at, the practice's multi-disciplinary meeting, to help ensure they were receiving appropriate care from the right professionals.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs, including patients living with dementia.
- Following feedback from local dementia awareness professionals, the practice had purchased and fitted yellow signage and black toilets seats, to help better orientate patients with dementia to their environment. The practice was also trialing a dementia research kiosk, which facilitates the involvement of patients with dementia, and their carers, in relevant research projects.
- Patients with mental health needs, including those with dementia, were offered an annual review and, where appropriate, referred to mental health services. Clinical staff held monthly meetings with the local psychiatric consultant, to review the needs of older patients with dementia.
- Information about how to access mental health services was available on the practice's website. In addition, various mental health support organisations held clinics at the practice, to provide patients with easier access to psychological treatment and support.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale.

- Patients had timely access to initial assessments, test results, diagnosis and treatment.
- The appointment system was easy to use.

- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately. Effective action had been taken to reduce the number of appointments lost to patients failing to attend nurse appointments. Emergency appointment slots were available each morning and afternoon. We looked at the practice's appointments system in real-time, on the afternoon of the inspection. We found there was capacity to offer access to routine and emergency GP appointments within 24 hours.

Results from the annual National GP Patient Survey of the practice, published in July 2017, showed that patients' satisfaction with how they could access care and treatment, was very high and above all of the local clinical commissioning group (CCG) and national averages. Overall, this was supported by observations on the day of inspection and the completed Care Quality Commission comment cards we received. Of the patients who responded to the survey:

- 85% were satisfied with the practice's opening hours, compared to the local CCG average of 75% and the national average of 76%.
- 98% said they could get through easily to the practice by telephone, compared to the local CCG average of 76% and the national average of 71%.
- 92% said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, compared to the local CCG average of 86% and the national average of 84%.
- 96% said their last appointment was convenient, compared to the local CCG average of 83% and the national average of 81%.
- 96% described their experience of making an appointment as good, compared to the local CCG average of 74% and the national average of 73%.
- 88% said they don't normally have to wait too long to be seen, compared to the local CCG average of 67% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately, to improve the quality of care.

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

- Information about how to make a complaint or raise concerns was available at the practice and on their website. The practice's systems and processes made it easy for patients to raise concerns.
- The practice's complaint policy and procedures were in line with recognised guidance. Six complaints had been

received during the previous 12 months. We reviewed one of these and found it had been taken seriously and responded to in a timely way. The practice manager was able to clearly describe the lessons that had been learned following this complaint.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges they were facing and were taking steps to address them.
- Leaders were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- GP staff held lead roles in the areas of learning disabilities, research and diabetes within the wider health community. They actively collaborated with their local clinical commissioning group (CCG), and other local practices, to influence and drive improvements in the delivery of patient care within the locality.

Vision and strategy

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

- Leaders had a clear vision of what they wanted to achieve at the practice. Staff told us the plans for maintaining and developing the quality of services delivered by the practice, had been developed during team training days and staff meetings.
- The practice did not have a documented, supporting business plan in place to support staff in achieving their priorities. However, leaders monitored progress in meeting the practice's vision and supporting priorities, during the regular GP partner meetings.
- Staff were aware of and understood the practice's vision, values and strategy, and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff said they felt respected, supported and valued. They were proud to work at the practice.
- The practice focused on the needs of patients and demonstrated this through their very good Quality and Outcomes Framework (QOF) performance.
- Leaders told us they would take action in relation to performance that was not consistent with the vision and values, should this occur.
- The provider was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the practice had shared incidents via the local Safeguarding and Incident and Risk Management System, to help ensure lessons could be learned outside of the practice, when patients did not receive high-quality sustainable care. Where appropriate, patients raising complaints received an honest and open response.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that their concerns would be addressed.
- There were processes for providing all staff with opportunities for development. All staff had received an appraisal in the last year. Where relevant, staff were supported to meet the requirements of professional revalidation.
- All clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity, with some staff having completed training in this area.

Governance arrangements

Overall, there were clear responsibilities, roles and systems of accountability to support good governance and management. However, there were shortfalls in relation to some aspects of the practice's arrangements for managing medicines, specifically vaccinations, which could pose a risk to patient safety. Staff took immediate action to address some of the concerns we identified on the day of our inspection.

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, the practice held regular meetings for staff at all levels within the organisation. This helped to ensure staff were clear about their roles and responsibilities and were supported to carry these out. Regular GP partner meetings were held, to help ensure the practice was continuing to operate effectively.
- Staff were clear about their roles and accountabilities, including those in respect of safeguarding and infection prevention and control.
- Practice leaders had put policies and procedures in place, to help inform the governance of the practice and promote patient safety.

Managing risks, issues and performance

Overall, there were clear and effective processes for managing risks, issues and performance.

- The practice had processes in place to help them identify, understand, monitor and address current and future risks, including risks to patient safety.
- The practice had processes to manage current and future performance. They could demonstrate the effective performance of their clinical staff by, for example, the clinical audits they carried out.
- Practice leaders had effective oversight of incidents and complaints, and ensured appropriate actions were undertaken by the relevant staff.
- The practice's clinical audits had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action taken to change practice to improve quality.
- The practice had plans in place to help them deal with a range of emergencies.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. For example, the practice had systems in place to help them identify any areas of QOF under-performance. Leaders used this information to help them manage resources, direct staff activity and deliver improved care and treatment for their patients.

- Staff meetings were used to discuss the quality and sustainability of the services the practice provided. All staff were encouraged to be involved in these discussions.
- Staff made use of available information to monitor the practice's performance and the delivery of quality care. Where they identified weaknesses, staff took action to address these. This was particularly evident in how they responded to the medicine management concerns we identified on the day of the inspection.
- The practice used information technology (IT) systems to monitor and improve the quality of care. For example, the practice's IT systems enabled patients to request repeat prescriptions or book appointments online. The clinical records system supported staff to carry out patient searches and audits, to help ensure patients were receiving effective care.
- The practice submitted data or notifications to external organisations as required. For example, staff submitted prescribing data to the local CCG, to provide evidence of compliance with locally agreed targets.
- There were effective arrangements in place for managing the availability, integrity and confidentiality of patient identifiable data, and these were in line with data security standards.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners, to support high-quality sustainable services.

- Patients were encouraged to express their views and these were listened to. Staff had made arrangements to obtain feedback from patients. This included providing suggestion boxes, following a recommendation from the practice's patient participation group (PPG).
- There was an active PPG which met several times a year. A PPG member told us the practice listened to their views and, wherever possible, acted on them. For example, following feedback from their PPG, staff had taken action to: make information boards less cluttered; purchased individual anatomy models, to help patients understand their medical condition.
- Staff from the practice actively supported a local dedicated charity, which raises money to provide equipment for patients registered with the practice. For

Are services well-led?

Good 

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

example, over the past 12 months, patients had been able to benefit from the purchase of blood sugar testing and electrocardiograph machines, which meant they were able to receive care and treatment closer to home.

- The PPG member said the practice was open and honest, and shared information about mistakes and learning from complaints with them.
- Staff's views and opinions were obtained via staff meetings and through the practice's appraisal system. Staff said their feedback was encouraged, valued and acted on.
- The practice was transparent, collaborative and open with the local CCG and other stakeholders about their performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The GP partners and the practice manager encouraged staff to attend, and provided opportunities for, internal and external training. Training relevant to the roles and responsibilities of administrative staff was also provided during these sessions.

- Belford Medical Practice was an accredited research and training practice. Staff undertook research which they judged would benefit their patients and help identify better treatment options for those with long-term conditions such as diabetes. The practice had also been involved in a project, in collaboration with other several other North East GP practices, to consider how clinicians could respond more effectively to acute kidney injury alerts, following a national campaign to improve how these were responded to. The clinical team provided opportunities for GP Registrars and fifth year medical students to learn about general practice.
- During the last 12 months, the practice had collaborated with other local GP practices in North Northumberland to identify, and then purchase, a training software programme that better met their needs.
- Learning was shared and used to make improvements. Where patients had received less-than-good care and treatment from the practice or from other services, the practice shared these incidents externally, to promote learning across the whole healthcare system.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, the provider had not:</p> <ul style="list-style-type: none">Ensured that the correct legal authority was in place for a non-clinical member of staff to administer vaccinations. <p>This was in breach of Regulation 12 (1) (2) (g) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>