Drs Turner Antoun and Partners (known as Cruddas Park Surgery)

Quality Report

178 Westmorland Road, Newcastle Upon Tyne, Tyne and Wear, NE4 7JT
Tel: 0191 226 1414
Website: www.cruddasparksurgery.nhs.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Drs Turner Antoun and Partners on 9 December 2014. We inspected the main surgery at Cruddas Park and the branch surgery at Hillsview.

We have rated the practice overall as requires improvement, although there were some areas where we rated the practice as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There were opportunities for learning from incidents.
- Patients reported good access to the practice , with urgent appointments available on the same day;
- Patients said and our observations confirmed, they were treated with kindness and respect;
- Patient outcomes were in line with the locality.
- The practice was involved in a quality improvement programme for care homes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure systems and processes which are in place to assess and monitor the quality of service, and ensure there are sufficient systems in place to identify, assess and manage risks relating to health, welfare and safety of patients and staff.
- Ensure the systems in place to assess the risk of and prevent, detect and control the spread of infection.
- Ensure blank prescription forms are stored securely.
- Ensure relevant checks are carried out on staff, in relation to disclosure and barring checks (DBS).

In addition the provider should:

- Review systems for training and appraisal.

Summary of findings

- Review systems in place for monitoring the temperatures of the vaccine refrigerators in the practice.
- Review staffing levels to ensure there is enough staff to meet the needs of the patients.

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?

Requires improvement

The practice is rated as requires improvement for safe. Staff were clear about reporting incidents, near misses and concerns. However, patients were at risk of harm because systems and processes were not in place to keep them safe, for example fire training and fire drills. Systems to manage and monitor the prevention and control of infection and staff recruitment were ineffective.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective. There was a limited amount of clinical audits in place to improve patient outcomes or systems for learning. Data showed some patient outcomes were below the national average. For example 27% of patients with severe mental health conditions had received a care plan; the national average was 86%). There were gaps in the management of training and appraisal for staff. We saw good evidence of multi-disciplinary team working.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. They knew the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with urgent appointments available the same day. The practice had good facilities and was 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 to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. There was a clear vision for the future but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by

Summary of findings

management they told us they had felt stressed due to lack of staff. The practice had a number of policies and procedures to govern activity. Governance meetings were held every month. The practice proactively sought feedback from patients and had a patient participation group (PPG). Staff felt that communication was not strong within the practice. Practice staff meetings were not held regularly. Not all staff had received regular performance reviews.

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

Requires improvement

The practice is rated as requires improvement overall for the care of elderly patients, due to the domains of safety, effective and well-led being rated requires improvement. The practice was working on a clinical commissioning group (CCG) funded quality improvement programme for care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population for example, a named GP for the over 75s and personal care plans. They were responsive to the needs of older people, and offered home visits. The practice had good working arrangements with other healthcare professionals such as district nurses to share information to improve patient care.

People with long term conditions

Requires improvement

The practice is rated as requires improvement overall for the care of people with long term conditions, due to the domains of safety, effective and well-led being rated requires improvement. GPs had lead roles in chronic disease management. Longer appointments and home visits were available when needed. The practice had begun to roll out a new system of annual reviews to this group of patients to check that their health and medication needs were being met but was currently behind with these checks. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement overall for the care of families, children and young people, due to the domains of safety, effective and well-led being rated requires improvement. There were good systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were in line with or above the local rates for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement overall for the care of care of working-age people (including those recently retired and students), due to the domains of safety, effective and well-led being

Summary of findings

rated requires improvement. The practice offered extended opening hours for appointments from Monday to Friday and on Saturdays but this was not widely advertised. Patients could not book appointments or order repeat prescriptions online. Health promotion advice was offered which reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement overall for the care of people whose circumstances may make them vulnerable due to the domains of safety, effective and well-led being rated requires improvement. The practice had an open door policy to the registering of new patients and had a high number of homeless patients registered with them. The practice worked very closely with charities for those who were homeless or who had drug or alcohol addiction. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

They provided care to patients who lived in a local care home for people with complex learning disabilities and carried out three monthly multi-disciplinary reviews to help improve care for the patients who lived there. The practice were working towards the implementation of an annual learning disability check programme.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement overall for the care of people experiencing poor mental health (including people with dementia) due to the domains of safety, effective and well-led being rated requires improvement. Patients who experienced severe mental health had received an annual physical health check. The practice was currently working towards improving their recall system for patients who experience poor mental health so that they received an annual check. There were annual reviews for patients with dementia.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.

Summary of findings

What people who use the service say

We spoke with 12 patients on the day of our inspection and three members of the patient participation group. All of the patients we spoke with were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly about the care from the GPs and two patients particularly said they had time for them and explained treatment clearly.

We reviewed 16 CQC comment cards completed by patients prior to the inspection. Comments were positive. Common words used by patients included 'excellent', 'friendly' and 'helpful'.

The latest National GP Patient Survey showed the large majority of patients were satisfied with the services the practice offered. All of the following results were similar or above the national average. The results were:

- Percentage of patients who would recommend the practice – 79% (national average 79%);
- Percentage of patients rating their ability to get through on the phone as very easy or easy – 94% (national average 75%);
- Percentage of patients reporting a good overall experience of making appointment – 85% (national average 78%);
- GP Patient Survey score for satisfaction with opening hours – 89% (national average 80%).

The practice's own survey asked patients how good the GPs were at putting them at their ease, were they polite and considerate and did they have enough time to for them. Over 90% of patients that responded rated the practice as good or very good in these areas.

Areas for improvement

Action the service MUST take to improve

- Ensure systems and processes which are in place to assess and monitor the quality of service, and ensure there are sufficient systems in place to identify, assess and manage risks relating to health, welfare and safety of patients and staff.
- Ensure the systems in place to assess the risk of and prevent, detect and control the spread of infection.
- Ensure blank prescription forms are stored securely.
- Ensure relevant checks are carried out on staff, in relation to disclosure and barring checks (DBS).

Action the service SHOULD take to improve

- Review systems for training and appraisal.
- Review systems in place for monitoring the temperatures of the vaccine refrigerators in the practice.
- Review staffing levels to ensure there is enough staff to meet the needs of the patients.

Drs Turner Antoun and Partners (known as Cruddas Park Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, CQC Senior Analyst and a second CQC inspector.

Background to Drs Turner Antoun and Partners (known as Cruddas Park Surgery)

The area covered by Drs Turner Antoun and Partners extends to the west of Newcastle Upon Tyne city centre to Hillshead Road and Union Road, north to Brunton Road, Station Road and Newbiggin Hall Estate and south to the River Tyne.

The main surgery in the practice, Cruddas Park Surgery, is located close to Newcastle Upon Tyne city centre. The surgery was purpose built approximately 25 years ago. Patient areas are located on the ground floor, there is a car park for staff to the rear and some disabled spaces for patients. There is step free access to the building and two disabled toilets.

Hillsview Branch Surgery is situated in the North Kenton residential area of Newcastle Upon Tyne. The building is approximately 14 years old. Patient areas are on the ground floor and there is a ramp to allow wheel chair access.

The index of multiple deprivation (IMD) placed the practice as band one for deprivation, where one is the highest deprived area and six is the least deprived. The practice confirmed that the Cruddas Park Surgery was in one of the highest deprived areas of England and there were pockets of deprivation in the area surrounding the branch surgery at Hillsview. The practice provided an enhanced service for homeless patients.

The practice provides services to approximately 9750 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract agreement with NHS England.

The practice has six GP partners, three female and three male. There are two practice nurses, two healthcare assistants and a practice manager, assistant practice manager, computer manager and 12 staff who carry out reception and administrative duties a range of reception and administration staff.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands,

with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The service for patients requiring urgent medical attention out of hours is provided by Northern Doctors Urgent Care Ltd and the 111 service.

The addresses of the main and branch surgeries are;

- Main – Cruddas Park Surgery, 178 Westmorland Road, Newcastle Upon Tyne, NE4 7JT
- Branch – Hillsview Surgery, Hillsview Avenue, North Kenton, Newcastle Upon Tyne, NE3 3LB

Why we carried out this inspection

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

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 we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 9 December 2014. During our visit we spoke with several members of staff. This included GPs, the practice manager, the practice nurses, reception and administrative staff. We also spoke with 12 patients who used the service and three members of the patient participation group (PPG). We reviewed 16 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

As part of our planning we looked at a range of information available about the practice from our Intelligence Monitoring. This included information from the Quality Outcomes Framework (QOF), which is a national performance measurement tool. The latest information available to us indicated there were some areas of risk in relation to patient safety. For example, 51% of patients diagnosed with dementia were recorded as having their care reviewed in the preceding 12 months (national average 83%).

We saw mechanisms were in place to report and record safety incidents, including concerns and near misses. The staff we spoke with demonstrated an understanding of their responsibilities and could describe their roles in the reporting process. However, systems and processes to address safety risks such as fire were not implemented well enough to ensure patients were kept safe, for example, there were no fire drills or weekly tests of the fire equipment. The practice could therefore not demonstrate a consistent safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events captured on a log and we were able to review these. We could see that there was a lead GP for each significant event, to take overall responsibility; there was a summary of the issue, action taken and any learning implemented as a result of the event.

The GPs told us that significant events were discussed as soon as practicable. There were various regular staff meetings where events could be discussed.

National patient safety alerts were disseminated by a GP who was the lead for this area. Staff we spoke with were able to give examples of recent alerts that were relevant to their areas of work. They also told us alerts were discussed at clinical meetings.

Reliable safety systems and processes including safeguarding

The practice had a dedicated GP each for safeguarding children and safeguarding adults. All of the GPs working in the practice been trained to level 3 for safeguarding children. We saw the practice had both safeguarding adults and children policies. The lead GP had recently attended a training session on domestic violence and there were plans for this training to be given to staff in a time in time out (TITO) session (a training session) at the practice. Every two weeks the practice held a meeting with the health visitor, the agenda included children which were registered at the practice and subject to protection plans.

Staff we spoke with had a good knowledge of safeguarding and the procedures to follow if they encountered any concerns. All staff we spoke with said they had received safeguarding training, a training session on safeguarding had been held the week before our inspection in a TITO session. Training records showed staff had received safeguarding training but there were no dates available to confirm this.

The practice had a chaperone policy. A notice was displayed in the patient waiting area to inform patients of their right to request a chaperone. Staff we spoke with told us that they had in the past acted as chaperone and they had been trained for this role. However, administrative staff no longer worked as chaperones because of the requirement for them to have had a DBS check to be able to do this. We discussed this with the practice manager who told us only staff who had received a DBS check would act as chaperone.

Medicines management

The practice must improve the way they manage medicines. We checked medicines stored in the treatment rooms and medicine refrigerators. We saw that medicines were stored at the required temperatures.

We found out of date medical supplement drinks in the cupboard in the treatment room at Cruddas Park Surgery. The practice nurse said these were not used but would be disposed of immediately. All other medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. We saw an example of the process that was followed when a patient's medication had been changed following a visit to hospital. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

Requires improvement

Are services safe?

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not handled in accordance with NHS Protect guidance. At both sites the practice were not storing the blank prescription forms in a locked cupboard in a locked room.

Cleanliness and infection control

The practice had a policy and systems to manage and monitor the prevention and control of infection, however, these systems were ineffective. The lead practice nurse was the infection control lead, they had not yet received formal infection control training. Their name was on the infection control audit of 2014 as an auditor, however, they told us they had not carried out this audit and it had been carried out by a locum practice nurse and GP partner. We were unable to confirm if either the GP partner or the locum practice nurse had received any infection control training.

The GP surgeries were generally clean. There was a cleaner who worked at both sites. They completed cleaning schedules which we were shown. The cleaner told us they had not received any infection control training. There were toys for children in the waiting room at Hillsview Branch Surgery, the cleaner said they wiped them over but they were not included on the cleaning schedule.

The treatment room floors were washable at both the main and branch surgeries. However, the healthcare assistant took bloods in a room at Hillsview Branch Surgery where the floor was carpeted which was an infection control risk as it was not washable and there was a risk of body fluid spillage. The privacy curtains around the couches in the consulting and treatment rooms were fabric and there was no note or schedule to say when they were last cleaned, the infection control audit of 2014 said this was to be addressed with the cleaner.

In both of the treatment rooms Cruddas Park Surgery the seal between the worktop and tiles on the cupboards was dirty and had cracks in it, this meant it could not be cleaned thoroughly and could harbour bacteria. The cupboards in the rooms had exposed wood in places where they were worn which meant they could not be cleaned effectively. The blinds at the windows were dirty and there was higher level surface dust. The rooms were generally untidy.

There were hand gels and paper towels available in each of the toilets, treatment and consultation rooms. There were signs which displayed hand washing techniques and there were spillage kits in the treatment rooms (these are specialist kits to clear any spillages of blood or other bodily fluid). We saw arrangements for the disposal of waste had been made. Sharps boxes had been signed and dated and waste disposal bins had the appropriate coloured bin liners in place.

The practice had carried out an infection control audit two weeks prior to our inspection. The audit identified several issues which required action, including staff training in infection control, handling of specimens and procedures regarding needle stick injuries, general tidying up and for the cleaning schedule to include curtain rails and blinds. There was an action plan in place with completion and review dates in the future for issues identified. This audit did not identify some of the issues we found. For example, exposed wood on cupboards in the treatment rooms which could not be cleaned.

The risk of exposure to legionella (bacteria found in the environment which can contaminate water systems in buildings) was low and the practice recognised this, however there was no documented risk assessment of this.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of the calibration of relevant equipment; for example, weighing scales and blood pressure machines displayed stickers indicating when the next testing date was due.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice had only carried out disclosure and barring (DBS) checks on new staff. The practice nurse who had been employed in Autumn of 2014 had received a DBS check but the existing practice nurse who had worked at the practice for some years had not had a DBS check. The administration staff had not received a

Requires improvement

Are services safe?

DBS check and there was no clear rationale as to why this had not been carried out. The practice had a recruitment policy, however, this did not make clear the requirements regarding the requirements for DBS checks for staff.

Checks of clinical staff's registration were carried out on a yearly basis. We also saw evidence of medical indemnity insurance for all clinicians employed at the practice.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were shown a planner which was reviewed monthly to ensure there were enough staff on duty. There had been challenges for the practice concerning the availability of the practice nurses. The practice had recently recruited a new practice nurse who was in training. Some locum practice nurse cover had been sought but the practice manager said there was limited availability of locum practice nurses in the area.

Monitoring safety and responding to risk

We saw the practice had a health and safety risk assessment. The practice manager told us they carried out a monthly walk around the building where they focussed on health and safety issues. These were recorded on a log which was maintained and reviewed.

The practice manager explained that they had good arrangements with local firms who carried out any maintenance work needed to the building. None of the patients we spoke to raised any concerns about health and safety.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff told us they had received cardiopulmonary resuscitation (CPR) training however training records were not available to confirm this. Emergency equipment was available including an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The practice currently did not have oxygen for use in case of emergency available, however it had been ordered and was due to arrive soon.

Staff showed us the emergency medicines which were available in a secure area of the practice.

All staff we spoke with knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This had been updated recently and contained relevant contact details for staff to refer to, for example who to contact if the heating system failed.

The practice did not have a fire risk assessment or any document which set out actions required to maintain fire safety. Staff told us that weekly testing of the fire equipment was not carried out and there were no records of this. We did see documented evidence of regular yearly servicing of the fire equipment such as emergency lighting by a contractor. Staff told us that regular fire drills were not carried out and it had been sometime since they last had one. There was no evidence staff had received fire training. The practice manager told us that a fire risk assessment was on their 'to do' list.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their treatment approaches. We were told patient safety alerts and guidelines from the National Institute for Health and Care Excellence (NICE) were discussed at clinical meetings to enable shared learning.

We were told by the lead GP that there were care plans for 2% of patients with complex conditions. All those over the age of 75 had a named GP which is a requirement for Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.

The practice identified patients who needed additional support, for example, they kept a register of all patients with long term conditions, those experiencing severe mental health and learning disabilities. Staff told us they were aware of patients who were drug or alcohol dependant and the practice had a large number of homeless patients registered with them. There were clinical GP leads for patients with long term conditions for example, cardiovascular disease, mental health and diabetes.

The practice were involved in a clinical commissioning group (CCG) funded quality improvement programme for care homes. The aim of this programme was for proactive care and support planning to improve which would reduce the need for reactive consultations. Protected time was created to provide structured proactive care, care planning and improvement with care home staff. One of the care homes the practice supported was involved in this project, there was a structured weekly ward round assisted by the nurses from the care home support team.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice did not use audits effectively to improve quality. On the day of our inspection the practice could not provide evidence that there was a system for clinical audit. We saw some single audits, for example, an audit which looked at medicines prescribed to help patients lose weight. Following our inspection the practice sent us further information about the audits carried out. Some of the audits we saw did not have method and standard settings and it was not clear what they were auditing against or how the data for the audit was obtained. We saw one full audit cycle on cardiovascular risk in rheumatoid arthritis; it was not clear what changes had been implemented since the initial audit had been carried out.

The CQC intelligent monitoring system indicated risk areas in terms of the QOF scores. There were six areas in total. Two related to patients with mental health problems and their smoking and alcohol status. One related to whether patients with severe mental health problems had received a care plan in the last twelve months (data showed 27% had received a care plan, the national average was 86%). The lead GP explained that they were aware as a practice that they were not documenting mental health care pathways correctly; they did have a severe mental illness register and those on the register received checks. The practice was to start to roll out checks for patients experiencing poor mental health. They were not documenting patients' alcohol consumption or smoking status correctly for QOF.

A risk area identified were the targets for blood glucose control in diabetics (63% compared to the national average of 77% where the blood glucose reading was low in the preceding 12 months). The practice said they had a high number of patients who received insulin and they were currently moving to manage their condition using a care planning model called 'Year of Care' year of care pathway. We saw an example of how a diabetic review was carried out which was effective. We also saw an extract from a practice nurse meeting where this area was discussed and it was agreed the practice nurse would be given protected time to implement the new guidelines for blood glucose control in diabetics.

Another area of risk were patients with dementia who had not been reviewed in the last twelve months; (51% the

Requires improvement

Are services effective?

(for example, treatment is effective)

national average is 83%). It was explained to us the pathways of care for dementia patients were in place and there were regular planned reviews, this was not being documented correctly.

The practice had a high number of emergency admissions to hospital for conditions which could have been prevented by primary care (29%, the national average is 13%). The practice was aware of this. They served a highly deprived area, had a high number of homeless people registered with them and were very close to the local accident and emergency unit, which were factors as to why the admissions were higher. There were care plans in place for the 2% of patients with complex conditions. These had been made available to the out of hours provider which the practice hoped would help to reduce the numbers of emergency admissions.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff we spoke with said the practice was good at providing training for staff and encouraged their own professional development. Some of the staff had progressed from the role of receptionist to healthcare assistant. We saw the new practice nurse had a training plan to support them in their role. Newer members of reception staff told us that although they had not received a formal induction when they started to work at the practice they had shadowed staff appropriate to their job role.

We had difficulty accessing staff training records. The practice manager said they had lost some data when the computer software system was changed earlier in the year. We saw a log of staff showing their hours worked and the training they had carried out. This did not refer to training such as health and safety, fire safety and infection control which all staff should have. There were no dates of when the training had been carried out or when it was due to be updated. We concluded staff had received training, from what they told us, however record keeping of this was not organised and the practice could not monitor when refresher training or basic training was needed or had been carried out by staff.

We asked to see staff appraisals and were shown some examples which were carried out in the last year. However, some members of staff told us that they had not received an annual appraisal. The practice manager confirmed this was correct due to there being no time to carry them out.

Most staff said they felt supported and that the practice manager's door was always open, however some also said that it had been a stressful time recently as they had been short staffed. There were therefore gaps in the support available to staff.

The practice was a training practice, one of the GP partners was the GP trainer and they had a GP registrar training with the practice at the time of our visit.

The GPs we spoke with were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (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.).

Working with colleagues and other services

The practice had good working arrangements with other health and social care providers, to co-ordinate care and meet people's needs. There was a multidisciplinary team meeting every Monday which included GPs, practice nurses, district nurses and health visitors. In addition to this there were meetings each week including health visitor case load, Primary Mental Health Care Team, and a review of the practice palliative care register. The practice worked closely with a local service for the treatment of drugs and alcohol abuse.

Correspondence from other services such as test results and letters from hospitals were received either electronically or via the post. All correspondence was scanned and passed to the patient's referring GP and the duty doctor. We saw the practice computer system was used effectively to log and progress any necessary actions.

Information sharing

The practice had systems in place to provide staff with the information they needed to carry out their roles and responsibilities. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out-of-hours provider. This

Requires improvement

Are services effective?

(for example, treatment is effective)

enabled patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals using the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

There was a protocol in place to review emails from the out of hours provider and also for hospital discharge information.

Consent to care and treatment

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes.. Staff were able to give examples of how they obtained verbal or implied consent. We saw a consent to treatment form which the practice used for consent to investigations or invasive treatment.

A GP we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the Mental Capacity Act (MCA). We were told staff had received training on the MCA. We found the GPs were aware of the MCA and used it appropriately. The GPs described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did not have capacity to consent. The GPs told us an assessment of the person's capacity would be carried out first. If the person was assessed as lacking capacity then a "best interest" discussion needed to be held. They knew these discussions needed to include people who knew and understood the patient, or had legal powers to act on their behalf.

Health promotion and prevention

New patients were able to download a pre-registration form and a medical questionnaire from the practice website or call in in person to complete the form. The practice nurse or healthcare assistant carried out assessments of new patients which covered a range of areas, including past medical history and ongoing medical problems.

Carers known to the practice were coded on the practice system so they could be identified. The practice asked new patients about their carer status and there was carer checklist for them to complete to help assess their own health. The practice was able to signpost carers to local support groups.

The practice offered a range of clinics; these included counselling, smoking cessation, minor surgery, travel vaccinations, contraceptive advice and cervical screening.

The practice offered baby and ante-natal clinics. Nationally reported data for 2013/14 showed the practice offered child development checks at intervals that were consistent with national guidelines. The practice offered routine immunisations for babies and children under five, during clinic appointments. Data showed that the number of children receiving the vaccines was in line with or above the clinical commissioning group (CCG) average.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey 2013/14 and a survey of 150 patients undertaken by the practice in 2013/14. The data showed that the proportion of patients who described their overall experience of the GP surgery as good or very good was 88%, the England average being 85%. The proportion of patients who said their GP was good or very good at treating them with care and concern was 88% which was also above the England average (85%), with similar scores seen for care and concern from the practice nurses.

The practice's own survey asked patients how good the GPs were at putting them at their ease, were they polite and considerate and did they have enough time to for them. Responses which were good or very good represented over 90% of patients surveyed.

We reviewed 16 CQC comment cards completed by patients prior to the inspection. Comments were positive. Common words used by patients included 'excellent', 'friendly' and 'helpful'. All patients, except one, praised the reception staff.

We spoke with 12 patients on the day of our inspection. All of the patients we spoke with were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the care from the GPs and said they had time for them and explained treatment clearly.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation. Information regarding patient confidentiality was in the practice information leaflet.

The practice had policies in place to ensure patients and other people were protected from disrespectful, discriminatory or abusive behaviour. The staff we spoke with were able to describe how they put this into practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt that health issues were discussed with them and they had been involved in decisions about their care and treatment. They said the clinical staff gave them plenty of time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given. Patient feedback on the comment cards we received was also positive and aligned with these views.

From the 2013/14 National GP Patient Survey, 87% of patients said the GP they visited had been 'good' at involving them in decisions about their care (national average was 81%). From the practice's own survey over 90% of patients said that the GPs were good or very good at involving them in decisions about their care.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. We saw there was a variety of patient information on display throughout the practice. This included information on youth services, mental health, flu vaccine support groups and a range of information regarding common health conditions.

There was a palliative care register and regular contact with the district nurses. There were monthly palliative care meetings which involved GPs and MacMillan nurses.

Staff told us that if families had suffered bereavement, this was followed up by the practice, with either a visit or telephone call depending upon the circumstances.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. Most of the staff at the practice had worked there for a number of years and they knew the patients well. The patient participation group (PPG) had been involved in setting an action plan following the results of the last patient survey.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of older patients. Those aged 75 and over and those who required palliative care had a named GP and personal care plans. The practice had a high number of care home residents registered with them. They provided services to 5 care homes. In order to support this there were regular weekly visit days in three of the homes where the GP would spend 1-2 hours visiting patients.

The practice were to introduce a system to improve their recall arrangements for patients with long term conditions and those who experienced poor mental health and were trying to reduce the rate of those patients who did not attend these appointments. They had trialled the system 'Year of Care' for recall of those patients with diabetes and found it effective. The practice told us patients with long term conditions and those experiencing poor mental health should receive a health check every year, however these checks were overdue and some patients had waited more than a year for their next check.

The practice had open access baby clinics. There were fortnightly reviews with the health visitor for children who were at risk. There were telephone consultations available which would assist patients who were working and did not have time to attend an appointment at the surgery during normal opening hours. There was an information board in the waiting area at Cruddas Park Surgery for young people which gave information regarding sexual health and contraception advice.

The practice had an open door policy to the registration of new patients and had a high number of homeless patients registered with them. The practice worked closely with Changing Lives (this is a charity which works with people who experience homelessness and addiction). They worked with Public Health at the local authority in 2013 on an alcohol management project for patients and became a test practice for this scheme. The lead GP told us they felt learning from this project remained with the practice and assisted them with the care of patients with alcohol problems.

The practice provided care to patients who lived in a local care home for people with complex learning disabilities. They carried out three monthly multi-disciplinary reviews to help improve care for the patients who lived there. The practice was working towards the implementation of an annual learning disability check programme.

There was an annual health check programme in place for those experiencing with severe mental health needs. There were monthly MDT meetings with the psychiatrist and the community psychiatric nurse (CPN). The practice was working towards improving their recall system for patients who experience poor mental health so that they received an annual check. The lead GP told us the practice was aware that they were not appropriately documenting mental health pathways. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.

Tackling inequity and promoting equality

Reasonable adjustments had been made which helped patients whose first language was not English. Staff had access to a telephone translation service. There was a loop system available to aid those patients with a hearing impairment.

The patient facilities were all on the ground floor at Cruddas Park surgery. There were doors wide enough for wheelchair access. There was a bell at the front door so that anyone requiring assistance could attract attention if needed. Disabled parking was available. The waiting area was large enough to accommodate patients with wheelchairs and prams, and enabled easy access to the treatment and consultation rooms. A disabled toilet was available.

Facilities at Hillsview Surgery were all at ground floor level. The waiting area was large enough to accommodate wheelchairs and prams; there was no disabled parking outside, however street parking was available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Appointments were available from 8:30am to 6:00pm Mondays and Fridays at Cruddas Park Surgery and 8.45am to 5:30pm at Hillsview Surgery.

Appointments on a Monday were described by the practice as 'take on the day' to meet demand, none were pre bookable. Two thirds of the appointments Tuesday to Friday were pre bookable with the other third released on the day. Telephone consultations were available if the patient preferred to do so. Home visits were available, patients were asked to contact the surgery between 9am and 10:30am for this service.

The practice manager told us the practice website was not up to date and was due to be redesigned in the coming months. There were no details about opening hours on the website. There were no on-line services such as repeat prescriptions or booking of appointments. The practice was currently in the process of making arrangements to offer on line appointments.

The patient information leaflet set out when the surgery was open but then mentioned extended hours. The leaflet said a small amount of appointments were available early mornings, late evenings and on Saturdays, the practice manager confirmed this and we drew it to her attention that this information was not immediately obvious for patients on the leaflet. The leaflet advised how to arrange urgent appointments and home visits. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Data from the National 2014 GP Patient Survey showed 94% of patients said they found it 'easy' to get through on the telephone to someone at the practice, (75% is the national average); 92% said they were happy with the surgery's opening hours (the national average being 79%). None of the patients we spoke with or feedback on CQC comment cards expressed concerns about access to appointments or getting through to the surgery on the telephone.

We discussed the access to the appointments system with the lead GP and practice manager. They told us that they as a practice had always tried very hard to meet the demand of the patients in relation to appointments, they were very accommodating. They said that they had received some funding from the CCG to look at the appointments system. Although they received positive feedback from patients they felt the system could be organised better to make it easier for the staff. Some staff told us they thought that there were not enough appointments and this placed the staff under some stress to try and meet the demands of the patients. The demands of the patients were always met, however they were under constant pressure trying to meet this demand.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Information regarding how to make a complaint was included in the patient information leaflet.

We saw a schedule of six complaints which had been received in the last 12 months and found these had all been dealt with in a satisfactory manner and any learning from them was identified.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to provide high quality, safe, effective and caring services to all patients registered with them. They recognised they cared for some of the most disadvantaged communities in the area and strived to offer responsive, holistic and compassionate care. However they were aware that they did not always manage to achieve this due to being short staffed and serving a challenging population group. They were continually and responding to changing demands. Staff we spoke with were not aware of a business plan or core objectives for the practice.

The practice manager and lead GP told us their vision for the practice for the future. They planned to develop the PPG further, develop on line services for patients, including electronic prescriptions. They were to go forward with a 'Year of Care' programme which would improve call and recall appointments for patients with long term and mental health conditions. Recruitment to the practice had been difficult; recruitment of GPs was seen as a priority for the practice. It was felt that recruitment to the practice was harder than in others because of the challenges faced by working in a deprived area and the GP partners were looking at innovative models for future employment of clinical staff.

The practice was involved in a CCG funded care homes programme. They expected another two care homes in the area to join the programme and hoped to be successful in being the link practice for the care homes joining the programme.

The practice had recently formed a social enterprise business with two other practices in the area. The intention of this partnership was to provide shared services across the three practices which was to include shared nursing staff and other shared services such as sexual health. A bid had been made to the Prime Minister's Challenge Fund to secure extra funding for this venture. The Prime Minister's Challenge Fund provides funding to help improve access to general practice and stimulate innovative ways of providing primary care services. The overall aim of the bid from the practice was to provide a higher level of quality care to patients by using shared services.

Governance arrangements

The governance arrangements did not always operate effectively. There were policies and procedures in place, however there were risks to the health and safety of patients and staff which had not been assessed. There was a limited system of clinical audit, and results were not used effectively to improve quality.

There was a leadership structure with named members of staff in lead roles. For example, there were lead GPs for medicines management, safeguarding and cascading of safety alerts. However, for some of the lead roles, such as infection control, staff were not appropriately trained.

Leadership, openness and transparency

The practice held staff meetings. Partners meetings were held monthly where financial, operational and clinical issues were discussed. The practice nurses met monthly, although staff said these had not been held for a few months due to staff shortages. The practice manager told us administrative staff were kept updated and they were usually quarterly meetings held for them but in the last few months, due to staff shortages, this had not happened. Staff confirmed that staff meetings were not held very often and they felt that there was a lack of information made available to them and communication could be better at the practice.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example staffing, recruitment and infection control which were in place to support staff, the practice manager told us they were currently reviewing all of the practice policies. We were shown a staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The practice had a PPG; however there had been recent problems with attendance due to illness, there were currently 10 members. We spoke with three of them on the day of our inspection and they said they felt the practice listened to them and involved them in decisions. They were involved in the 2013/14 survey. The group had helped with the flu clinics over the last three years and had held Christmas and summer fayres to try and

Are services well-led?

Requires improvement

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

increase membership. The practice manager told us they were conscious that the members were not representative of the practice population and were trying to increase membership.

The practice could not demonstrate it had gathered feedback from staff effectively. Some staff had not received annual appraisals and staff meetings for practice nurses and administration staff had not taken place recently. However, some staff did say they felt there was an open door policy and they could discuss issues with the practice senior staff. Other staff said they felt they had been under stress recently due to staff shortages. Staff also told us they felt that they were not updated with changes.

Management lead through learning and improvement

Staff we spoke with said the practice was good on the training of staff and encouraged their own professional development. Some of the staff had progressed from the role of receptionist to healthcare assistant. However, we found regular appraisals did not take place. The practice aim was to provide protected training sessions with staff quarterly but this had not happened with that frequency in the last year.

The practice had achieved accreditation as a training practice. To do this the practice took part in quality monitoring processes with Northumbria Vocational Training Scheme and Newcastle University.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **How the regulation was not being met: Patients were not protected against the risks of inappropriate or unsafe care and treatment by way of effective operations of systems designed to regularly assess and monitor the quality of service and there were insufficient systems in place to identify assess and manage risks relating to health, welfare and safety of service users.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **How the regulation was not being met: The registered person did not ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **How the regulation was not being met: The registered person did not ensure against the risks associated with the unsafe use and management of medicines.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury

How the regulation was not being met: The registered person did not operate effective recruitment procedures in order to ensure that persons employed for the purposes of carrying on a regulated activity were of good character.