Bewick Road Surgery

Quality Report

10 Bewick Road
Gateshead
Tyne and Wear
NE8 4DP
Tel: 0191 4772296
Website: www:bewickroadsurgery.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Bewick Road Surgery on 14 October 2016. Overall, the practice is rated as good.

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

- Staff were very motivated to offer care that was kind, promoted patients' dignity and respected cultural differences.
- Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Patients said they were treated with compassion, dignity and respect and were involved in decisions about their treatment. Patients reported that they had 100% confidence and trust in the GPs and nurses who treated them.
- The practice was highly effective in working with other organisations, and the local community, to plan services which met patients' needs, and which provided flexibility, choice and continuity of care.
- All staff were actively engaged in monitoring and improving quality and patient outcomes.
- Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients and staff were assessed and well managed.
- There was an open and transparent approach to safety and an effective system for reporting and recording significant events. The staff team took the opportunity to learn from all internal and external incidents.

Summary of findings

- The practice had satisfactory facilities and was equipped to treat patients and meet their needs.
- The leadership, governance and management of the practice helped ensure the delivery of good quality person-centred care, supported learning, and promoted an open culture.

We also identified several areas of outstanding practice:

- The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation and their need for care and treatment. The practice thought carefully about what information would be needed by other agencies if they needed to treat their patients. They provided a well-structured summary that included the patient's normal state, recent measurement, blood tests and likely problems out-of-hours healthcare professionals might encounter. By providing this information they were enabling members of the wider health care team to get to know their patients quickly and accurately in an urgent situation. This helped to ensure appropriate levels of response and good continuity of treatments.
- The practice was highly committed to improving access for patients from the Orthodox Jewish community. Staff used a variety of methods to reach the community, to help improve health outcomes and provide culturally sensitive care and treatment. These included advertising in the Orthodox Jewish Community local paper to reach those whose religious beliefs involved restrictions on the use of mobile telephones, the internet, and other types of social media. By being this flexible the practice was able to deliver well focused medical intervention to people who otherwise might not have been enabled to approach the service for help. A local religious representative told us patients from the community engaged well with the practice, and the services it provided, which reflected the effort staff had made to make their service more accessible and responsive.
- Staff were highly committed to improving children's health by improving access to, and the take-up of, childhood immunisations. offering vaccinations at appropriate times, and in multiple venues, to fit in with Orthodox Jewish community customs. This had led to a marked improvement, with overall immunisation rates rising from 45% to over 90%. Staff had achieved this by offering vaccinations at appropriate times, and in multiple venues, to fit in with Orthodox Jewish community customs. By being this flexible in their approach to delivering their childhood immunisation programme, staff were able to demonstrate they had provided effective immunisation services to children who were members of a potentially hard to reach patient group, as well as the rest of their patient population.

We also identified an area where the provider should make an improvement:

- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement.
- There was an effective system for dealing with safety alerts and sharing these with staff.
- The practice had clearly defined systems and processes that helped keep patients safe. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place. Required employment checks had been carried out for staff recently appointed by the practice.
- The premises were clean and hygienic. Overall, there were satisfactory infection control measures in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The practice's overall achievement, for 2014/15, was either above, or broadly in line with, most of the local clinical commissioning group (CCG) and England averages. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%).
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Quality improvement activities, including clinical audits, were carried out to improve patient outcomes. Staff had, through a process of ongoing audit and review, sustained over several

Summary of findings

years, taken action to address their previously higher than average antibiotic and Benzodiazepines prescribing rates (medicines used for the short-term relief of severe anxiety). As a result of this their prescribing rates had improved and their performance was now in line with the local CCG averages.
- Staff worked effectively with other health and social care professionals, to help ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience required to deliver effective care and treatment.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and most of those who had completed a Care Quality Commission (CQC) comment card, were very happy with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and their involvement in decision making, was either above, or broadly in line with, the local CCG and national averages. Respondents reported that they had 100% confidence and trust in the GPs and nurses.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice was highly effective in working with other organisations, and the local community, to plan services which met patients' needs, and which provided flexibility, choice and continuity of care. Staff were highly committed to understanding the needs of patients from the Orthodox Jewish community. They had used a variety of measures to reach this community to help improve health outcomes and provide culturally sensitive care and treatment. In doing so, staff had adapted their medical practice to meet the needs of these patients.

Summary of findings

- The practice was also very committed to improving access to care and treatment for patients from the Orthodox Jewish community. For example, advertising in the Jewish press to reach those whose religious beliefs involved restrictions on the use of mobile telephones, the internet, and other types of social media.
- Whilst responding very well to this particular group (who made up about 50% of the patient list) the practice also responded well to its whole practice population.
- The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation, both medical and social, their need for care and the practicalities of treatment.
- Data from the NHS National GP Patient Survey of the practice showed very good levels of patient satisfaction regarding telephone access and appointment availability. For example, 96% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG and national averages of 85%. Patients we spoke with, and most of those who completed CQC comment cards, were happy with the appointment system.
- The practice had satisfactory facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. There was evidence the practice responded in a timely manner to the issues raised with them. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Leaders at the practice had an inspiring shared purpose, strove to deliver and motivate staff to succeed, and had adapted the way they practiced medicine to meet the needs of their patients.
- There was a clear leadership structure and staff felt well supported by the GPs and the practice management team. The practice had an effective governance framework which supported the delivery of their strategy, and the provision of good quality care. This included arrangements to monitor and improve quality, and identify risk, to help keep patients safe and promote good outcomes.
- The practice encouraged and valued feedback from patients and staff. The practice had supported the development of a

Summary of findings

practice participation group (PPG) for representatives from the local Orthodox Jewish community. However, despite trying, staff had found it more difficult to set up a PPG to represent their other patients, and were in the process of exploring whether a virtual forum might be more successful.

- There was a strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.
- The provider was aware of, and had complied with, the Duty of Candour regulation. The partners encouraged a culture of openness and honesty, and ensured that lessons were learned following significant events.

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

Good

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

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above, or broadly in line with, most of the local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%).
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed, so that, where possible, emergency admissions into hospital could be avoided.
- Staff had completed emergency health care plans for patients identified as being at risk of an unplanned admission into hospital, and they reviewed these every six months. The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation, their need for care and the practicalities of treatment. The practice thought carefully about what information would be needed by other agencies, such as a visiting out-of-hours GP, if they needed to treat their patients. They provided a well-structured summary that included the patient's normal state, recent measurement, blood tests and likely problems they might encounter. The practice was proactive in making sure this information was provided to the people and organisations who would need to see it.
- Older patients had access to influenza, shingles and pneumococcal vaccinations, either at the practice or in their own homes.

People with long term conditions

Good

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

Summary of findings

- The QOF data, for 2014/15, showed the practice had performed above, or broadly in line with, most of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%.)
- The practice had piloted a new system for recalling patients for their long-term conditions (LTC) reviews. Following the successful completion of this pilot, the centralised patient 'call' and 'recall' system had been adopted by other practices within the local federation. Work was underway to launch the 'Year of Care' approach to managing patients with LTCs, to help provide them with more effective care and support.
- Longer appointments and home visits were available when needed. Patients at risk of an unplanned admission into hospital were identified as a priority.
- Community healthcare professionals told us clinical staff were very good at working with them, to deliver a multi-disciplinary package of care to patients with complex needs.

Families, children and young people

Outstanding ☆

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

- There were good systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular multi-disciplinary safeguarding meetings were held where the needs of vulnerable children and families were discussed. Systems had been put in place to identify and follow up children who were at risk. All the clinical staff had completed appropriate safeguarding training. Appointments were available outside of school hours and the practice's premises were suitable for children and babies.
- The practice offered contraceptive and sexual health advice, and information was available, about how patients could access specialist sexual health services.
- The practice had a comprehensive screening programme. Nationally reported data showed the practice's performance was either above, or broadly in line with, the national averages. For example, the uptake of cervical screening by females aged between 25 and 64, attending during the target period, was higher at 82.3%, than the national average of 81.8%.

Summary of findings

- Staff were highly committed to improving children's health by improving access to, and take-up of, childhood immunisations. Staff had, over a period of five years, worked hard to improve their vaccination rates. This had led to a marked improvement, with overall immunisation rates rising from 45% to over 90%. Staff had achieved this by offering vaccinations at appropriate times, and in multiple venues, to fit in with Orthodox Jewish community customs. By being this flexible in their approach to delivering their childhood immunisation programme, staff were able to demonstrate they had provided effective immunisation services to children who were members of a potentially hard to reach patient group, as well as the rest of their patient population.

Working age people (including those recently retired and students)

Good

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

- The needs of working age patients, had been identified, and the practice adjusted the services they provided, to ensure they were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. Staff utilised other methods of communicating with their Orthodox Jewish community, to ensure they knew what services were available at the practice.
- The QOF data showed the practice had performed either above, or broadly in line with, most of the local CCG and England averages, in providing recommended care and treatment to this group of patients. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%.)
- Extended hours appointments were routinely provided each morning, and patients were able to access out-of-hours care via local walk-in centres.
- Information on the practice's website, and on display in their patient waiting areas, directed patients to the out-of-hours service.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held registers of patients living in vulnerable circumstances. For example, staff maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients. Staff were aware of how to contact relevant agencies in normal working hours and out-of-hours.
- Appropriate arrangements had been made to meet the needs of patients who were also carers.

People experiencing poor mental health (including people with dementia)

Good

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

- There were suitable arrangements for meeting the needs of patients experiencing poor mental health. Performance for the mental health related indicators was better than the England averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, was higher when compared with the England average (98.4% compared to 88.4%).
- Patients experiencing poor mental health had access to information about how to contact various support groups and voluntary organisations. The provision of in-house counselling and therapy meant patients were able to access these services in a familiar setting. A designated member of staff acted as the lead for armed services Veterans, to help raise awareness of the needs of this group of patients.
- The practice's clinical IT system clearly identified patients with dementia and other mental health needs, to ensure staff were aware of their specific needs.Where appropriate, care plans had been put in place to meet patients' needs.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe.

Summary of findings

What people who use the service say

We spoke with two patients, including a representative from the Orthodox Jewish community. Feedback was very positive about the way staff treated them. The Community representative spoke very highly of how responsive the practice was in meeting the needs of their community and said they had a good opinion of the practice and its staff. Both patients said staff were very helpful, took the time to listen to patients, and made every effort to meet their needs.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 39 completed comment cards and these were mostly very positive about the standard of care and treatment provided. Words used to describe the service included: amazing; helpful and pleasant; excellent service; caring and polite; pleasant and professional; friendly and respectful and very good. There were only five less positive comments. These related to: incorrect prescriptions being issued and the patient not receiving a promised telephone call from a GP; unhelpful staff attitudes; messages not being passed onto a GP; difficulties experienced trying to obtain an appointment; and a patient feeling rushed during a consultation.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, were either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. There were also very good levels of satisfaction regarding telephone access and appointment availability. For example, of the patients who responded to the survey:

- 100% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 96% said the last GP they saw was good at treating them with care and concern, compared with the local CCG average of 88% and the national average of 85%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98%, and the national average of 97%.
- 91% said the last nurse they saw was good at treating them with care and concern. This was the same as the national average, but below the local CCG average of 93%.
- 86% found receptionists at the practice helpful, compared with the local CCG average of 89% and the national average of 87%.
- 87% said the last appointment they got was convenient, compared with the local CCG and the national averages of 92%.
- 96% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG and the national averages of 85%.
- 97% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 55% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 68% and the national average of 65%.

  (278 surveys were sent out. There were 120 responses which was a response rate of 43%. This equated to 0.9% of the practice population.)

Areas for improvement

Action the service SHOULD take to improve

- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

Summary of findings

Outstanding practice

- The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation and their need for care and treatment. The practice thought carefully about what information would be needed by other agencies if they needed to treat their patients. They provided a well-structured summary that included the patient's normal state, recent measurement, blood tests and likely problems out-of-hours healthcare professionals might encounter. By providing this information they were enabling members of the wider health care team to get to know their patients quickly and accurately in an urgent situation. This helped to ensure appropriate levels of response and good continuity of treatments.
- The practice was highly committed to improving access for patients from the Orthodox Jewish community. Staff used a variety of methods to reach the community, to help improve health outcomes and provide culturally sensitive care and treatment. These included advertising in the Jewish press to reach those whose religious beliefs involved restrictions on the use of mobile telephones, the internet, and other types of social media. By being this flexible the practice was able to deliver well focused medical intervention to people who otherwise might not have been enabled to approach the service for help. A local religious representative told us patients from the community engaged well with the practice, and the services it provided, which reflected the effort staff had made to make their service more accessible and responsive.
- Staff were highly committed to improving children's health by improving access to, and the take-up of, childhood immunisations. offering vaccinations at appropriate times, and in multiple venues, to fit in with Orthodox Jewish community customs. By being this flexible in their approach to delivering their childhood immunisation programme, staff were able to demonstrate they had provided effective immunisation services to children who were members of a potentially hard to reach patient group, as well as the rest of their patient population.

Bewick Road 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.

Background to Bewick Road Surgery

Bewick Road Surgery provides care and treatment to 6,032 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Newcastle and Gateshead clinical commissioning group (CCG) and serves the Bensham Ward area. We visited the following location as part of our inspection: 10 Bewick Road, Tyne and Wear, NE8 4DP.

The practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients aged over 65 years of age, and significantly more patients aged under 18, than the local CCG and national averages. Data supplied by the practice indicated that approximately 50% of the patient population came from the Orthodox Jewish community, making it one of the largest such communities in the country. Over 50% of the community was aged under 25 years of age, with 25% of these being under 15 years of age. The large number of under 25 year olds registered with the practice is in part as a result of the large Orthodox Jewish Training Colleges both male and female. It is also as a result of the high birth rate in the Orthodox Jewish Community.

The percentage of people with a long-standing health condition is higher than the England average, as is the percentage of people with caring responsibilities. Life expectancy for both men and women is lower than the England average. National data showed that 1% of the population have a mixed racial heritage, 3.8% are from an Asian ethnic group, 1% is black and 2% are from other non-white ethnic groups.

The practice occupies an Edwardian terraced house that has been adapted to meet patients' needs. All treatment and consultation rooms are located on the ground floor. The practice has two GP partners (one male and one female), three salaried GPs (two female and one male), a GP registrar (female), a nurse practitioner and a practice nurse (female), a trainee healthcare assistant (female) and a team of administrative and reception staff.

The practice is a teaching and approved training practice, where qualified doctors and medical students can gain experience in general practice. A GP registrar was on placement at the time of our visit.

The practice is open Monday to Friday between 8am and 6pm. (The General Medical Services (GMS) contract stipulates that 'core hours' means the period beginning at 8am and ending at 6:30pm. The provider told us that the practice closed at 6pm each weekday. They said patients were able to access 'essential services' between 6pm and 6:30pm, via the extended hours service provision delivered by the GATDOC out-of-hours service. We were told this arrangement had been in place for more than 20 years and provided time for the Gateshead practices to handover to the out-of-hours service.

GP appointment times are Monday to Friday between 8am and 11:30am, and between 2:30pm and 17:40pm. The practice is closed at the weekend.

Detailed findings

When the practice is closed patients can access out-of-hours care via the Queen Elizabeth Hospital and Blaydon Walk-in-Centre, known locally as GATDOC, and the NHS 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 October 2016. During our visit we:

- Spoke with a range of staff, including two GPs, a GP Registrar, the practice manager, the senior administrator, the practice nurse and some of the administrative staff. We also spoke with two patients, one of which was a member of the practice's Orthodox Jewish Community patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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).

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff had identified and reported on 21 significant events during the previous 12 months. Copies of significant event reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. For example, following one significant event, we saw staff had introduced a protocol to prevent the same issue from arising in the future.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- There was a system for recording, investigating and learning from incidents, and this was known by the staff we spoke with. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.) The practice had a system for responding to safety alerts. There was evidence that these had been handled appropriately and shared with staff.

Overview of safety systems and processes

The practice had a range of clearly defined and embedded systems and processes in place which helped to keep patients and staff safe and free from harm. These included:

- Effective arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place. Staff told us they were able to easily access these. Safeguarding information was also available on the practice's IT system, for ease of access. Designated staff acted as the children and vulnerable adults safeguarding leads, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. The health visitor we spoke with told us that the practice team acknowledged any notification they made regarding a new child moving into their area. They also said that the practice team was quick to share any concerns they had about a child's safety. Children at risk were clearly identified on the practice's clinical IT system via relevant codes, so clinical staff took this into account during consultations. The records for each child contained details of the health visitor involved, to help ensure timely communication when necessary. Checks were carried out to make sure children at risk were appropriately coded, and the quality of coding was consistent. Quarterly safeguarding meetings were held to monitor vulnerable patients and share information about risks. Staff had received safeguarding relevant to their role. For example, the GPs had completed level three child protection training.
- Chaperone arrangements to protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The chaperone service was advertised on posters displayed in the waiting area.
- Maintaining appropriate standards of cleanliness and hygiene. The practice employed their own cleaning staff, who worked to an agreed schedule. There was an identified infection control lead who had completed additional training, to help them carry out this role effectively. There were infection control protocols in place and these could be easily accessed by staff. Staff had completed infection control training appropriate to their roles and responsibilities. Evidence confirming that an infection control audit had been completed was submitted shortly following the inspection. Sharps bin receptacles were available in the consultation rooms. However, one of those we looked at had not been signed or dated by the assembler. The practice manager told us they would take immediate action to address this. Clinical waste was appropriately handled.

Good

Are services safe?

- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. There was a good system for monitoring repeat prescriptions and carrying out medicines reviews. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Group Directions (PGD) had been adopted by the practice, to enable the nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Appropriate systems were in place to manage high risk medicines. Stocks of prescription forms were checked and logged on being received into the practice. These were securely stored.
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of staff recruitment files. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried out DBS checks on each person and obtained proof of their identity.

Monitoring risks to patients

Overall, risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire, electrical and gas systems and the completion of a fire risk assessment. However, we identified that the practice's fire risk assessment had not been reviewed within the last three years. Staff had already identified this as an issue, and following the inspection, submitted an updated fire risk assessment. All staff had completed fire safety training and a fire drill had taken place during the last 12 months. A comprehensive health and safety risk assessment had been completed in 2015, to help keep the building safe and free from hazards. The practice had a legionella protocol in place, underpinned by a risk assessment. Water temperature checks to prevent the spread of legionella were being carried out. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. The practice had a full complement of GPs and nursing staff. Non-clinical staff had allocated roles, but were also able to carry out all administrative tasks. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs, and staff covered each other's holiday leave. GP locums were used from time-to-time and, wherever possible, the practice always tried to arrange for known locums to work there, to help provide continuity of care.

Arrangements to deal with emergencies and major incidents

The practice had made satisfactory arrangements to deal with emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff had completed basic life support training, to help them respond effectively in the event of an emergency.
- Emergency medicines were available in the practice, these were kept in a secure area. All of the emergency medicines we checked were within their expiry dates.
- Staff also had access to a defibrillator and a supply of oxygen for use in an emergency. Regular checks of these had been carried out.
- The practice had a business continuity plan in place for major incidents. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site by key individuals, and this included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinicians had access to evidence-based protocols, which were updated via the Gateshead Information Network, to ensure compliance with NICE guidelines and local guidance. The practice had systems in place to keep all clinical staff up-to-date with these.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. (QOF is intended to improve the quality of general practice and reward good practice.) The QOF data, for 2014/15, showed the practice had obtained 92.4% of the total points available to them for providing recommended care and treatment. The practice's performance was just below the local CCG average of 95.7% and the national average of 94.8%. (Just before we published the report, the QOF data for 2015/16 was released. This showed that the practice had further improved their QOF performance, with an overall achievement of 94.9%, (local CCG average of 96.9%, and a national average of 95.3%), and an overall exception reporting rate of 7.3%.)

- Performance for the diabetes related indicators was either better than, or broadly in line with, the England averages, For example, the percentage of patients with diabetes, in whom the last blood pressure reading, in the period from 1 April 2014 to 31 March 2015, was 140/80 mmHg or less, was higher than the England average (82.5% compared to 78%).
- Performance for the mental health related indicators was better than the England averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, was higher than the England average (98.4% compared to 88.4%).

The practice's exception reporting rate, at 6.4%, was 4.5% below the local CCG average and 2.8% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

Staff were proactive in carrying out clinical audits to help improve patient outcomes. We looked at two of the seven clinical audits that had been carried out in the previous 12 months. These were relevant, showed learning points and evidence of changes to practice. The audits were also clearly linked to areas where staff, including medical students on placement, had reviewed the practice's performance and judged that improvements could be made. Clinical audit outcomes had been shared with staff during practice clinical meetings, to help promote shared learning.

As part of the inspection, we spoke with the local CCG pharmacist who provided support to the practice. They told us that medicines management was satisfactory, practice staff worked well with the local CCG pharmacy team and took action to implement their advice. They also said staff had, through a process of ongoing audit and review sustained over several years, taken action to address their previously higher than average antibiotic and Benzodiazepines prescribing rates (medicines used for the short-term relief of severe anxiety). As a result of this their prescribing rates had improved and their performance was now in line with the local CCG averages.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. Those staff we spoke with told us they had received an appropriate induction which had met their needs.
- The practice could demonstrate how they ensured staff undertook role specific training. For example, nursing staff had completed additional post qualification training, to help them meet the needs of patients with long-term conditions. For example, one of the nurses had completed training in asthma, diabetes, cancer,

heart care, drugs and alcohol, infection control, and immunisations and cervical screening. Staff made use of e-learning training modules, to help them keep up to date with their mandatory training.

- Staff had received an annual appraisal of their performance during the previous 12 months. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Record keeping was of a very high standard, which helped to facilitate more effective patient consultations.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. In particular, an attached health visitor told us working relationships were excellent.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005).
- When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome. Relevant staff had completed training in the use of the MCA.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. Nationally reported data showed the practice's performance was comparable to other practices. For example:

- The uptake of breast screening by females aged between 50 and 70, during the previous 36 months, was above the national average, 77.1% compared to 72.2%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was broadly in line with the national average, 56.3% compared to 58.5%.
- The uptake of cervical screening by females aged between 25 and 64, attending during the target period, was higher at 82.3%, than the national average of 81.8%. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

The practice offered a full range of childhood immunisations. For example, the immunisation rates for the vaccinations given to children under 12 months old ranged from 88.7% to 94.3% (the local CCG averages ranged from 94.5% to 97.1%). For five year olds, the rates ranged from 82.4% to 98% (the local CCG averages ranged from 90.1% to 97.4%). The rates for children under two years old ranged from 2.1% to 94.6% (the local CCG averages ranged from 64.7% to 93.5%). The 2.1% rate related to the Infant Men C vaccination. This immunisation has been discontinued by the NHS childhood vaccination programme, and most practices will show 0% for this vaccination.

Staff were highly committed to improving children's health by improving access to, and take-up of, childhood immunisations. Staff had, over a period of five years,

Good

Are services effective?

(for example, treatment is effective)

worked hard to improve their vaccination rates. This had led to a marked improvement, with overall immunisation rates rising from 45% to over 90%. Staff had achieved this by offering vaccinations at appropriate times, and in multiple venues, to fit in with Orthodox Jewish community customs. Staff actively chased up the immunisation histories of children arriving in the UK from abroad, to ensure clinicians had accurate information about which immunisations each child needed. They had also introduced a weekly reminders system, to help manage overdue immunisations. By being this flexible in their approach to delivering the practice's childhood immunisation programme, staff were able to demonstrate that they had taken action to provide effective immunisation services for children who were members of a potentially hard to reach patient group, as well as the rest of their patient population.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were highly motivated to offer care that was kind, promoted patients' dignity and respected cultural differences. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. A notice reminded patients that a private area would be found if patients needed to discuss a confidential matter.

We spoke with two patients, including a representative from the Orthodox Jewish community patient participation group. Feedback was very positive about the way staff treated members of the community. The representative spoke very highly of how responsive the practice was in meeting the needs of their community, and said patients had a good opinion of the practice and its staff. Both patients said staff were very helpful, took the time to listen to patients, and made every effort to meet their needs.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 39 completed comment cards and these were mostly very positive about the standard of care and treatment provided. Words used to describe the service included: amazing; helpful and pleasant; excellent service; caring and polite; pleasant and professional; friendly and respectful and very good. There were only five less positive comments. These related to: incorrect prescriptions being issued and a patient not receiving a promised telephone call from a GP; unhelpful staff attitudes; messages not being passed onto a GP; difficulties experienced trying to obtain an appointment; and a patient feeling rushed during a consultation.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations and the reception team, was either better than, or broadly in line with, the local clinical commissioning group (CCG) and national averages. With regard to patient confidence and trust in the GPs and nursing staff, the practice had performed very well. For example, of the patients who responded to the survey:

- 100% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 89% said the last GP they saw was good at listening to them. This was the same as the national average, but below the local CCG average of 91%.
- 100% had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98%, and the national average of 97%.
- 90% said the last nurse they saw was good at listening to them, compared to the local CCG of 93% and the national average of 91%.
- 86% found receptionists at the practice helpful, compared with the local CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff involved them in decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels regarding involvement in decision-making were either above, or broadly in line with, most of the local CCG and national averages. Of the patients who responded to the survey:

- 90% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 88% and the national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care. This was the same as the local CCG average, and above the national average of 82%.
- 85% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.

Good

Are services caring?

- 85% 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%.

The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation, both medical and social, their need for care and the practicalities of treatment. The practice thought carefully about what information would be needed by other agencies, such as a visiting out-of-hours GP, if they needed to treat their patients. They provided a well-structured summary that included the patient's normal state, recent measurement, blood tests and likely problems they might encounter. The practice was proactive in making sure this information was provided to the people and organisations who would need to see it.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- Staff understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations. The practice paid for taxis for some of their most vulnerable patients, as and when needed.
- Where patients had experienced bereavement, staff would contact them to offer condolences and support.

The practice was committed to supporting patients who were also carers.

- Staff maintained a register of these patients, to help make sure they received appropriate support, such as an annual influenza vaccination. There were 129 patients on this register, which equated to 2.1% of the practice's population. Staff ensured that carers' details were recorded on their medical records and, if appropriate, in their Emergency Health Care Plan.
- A member of staff acted as the designated carers' lead and, where appropriate, supported the referral of patients to the local carers' centre, to help them access advice and support. Plans were being made to support this member of staff to take on the new role of a Care Navigator, to help promote the use of social prescribing in the practice. This was still at a very early stage. (Social prescribing is a means of enabling staff working in primary care settings to refer patients with complex needs to a range of local, non-clinical services).

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was highly committed to working with other organisations, and the local community, to plan services which met patients' needs, and which provided flexibility, choice and continuity of care. Whilst staff had taken steps to meet the needs of the whole practice population, they had gone the extra mile in meeting the needs of the large Orthodox Jewish community who were potentially hard to reach. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care, and access to a regular health review and check-up. Home visits were provided for patients who were unable to attend the surgery. Older patients had access to influenza, shingles and pneumococcal vaccinations, either at the practice or in their own homes. The practice was linked to a large local care home, and provided extra support and advice to its staff and patients, including carrying out regular reviews of their needs. Emergency health care plans (EHCPs) were in place for those patients identified as being at risk of an unplanned admission into hospital, and these were reviewed every six months. EHCPs had been added to a local database, to help ensure emergency care professionals had access to the most up to date information about these patients' needs.
- The quality of the practice's advance care planning processes was excellent, with careful thought having been given to the patient's situation, both medical and social, their need for care and the practicalities of treatment. The practice thought carefully about what information would be needed by other agencies, such as a visiting out-of-hours GP, if they needed to treat their patients. They provided a well-structured summary that included the patient's normal state, recent measurement, blood tests and likely problems they might encounter. The practice was proactive in making sure this information was provided to the people and organisations who would need to see it. By providing this information they were enabling members of the wider health care team to get to know their patients quickly and accurately in an urgent situation. This helped to ensure appropriate levels of response and good continuity of treatments.
- The practice had piloted a new system for recalling patients for their long-term conditions (LTC) reviews. Following the successful completion of this pilot, the centralised patient 'call' and 'recall' system had been adopted by other practices within the local federation. Work was underway to launch the 'Year of Care' approach to managing patients with LTCs, to help provide them with more effective care and support. Care planning consultations focussed on promoting self-management and educating patients about their conditions. Where patients failed to respond to an initial request to make an appointment for their LTCs review, the practice ensured there was further contact with them, including three written invites and a follow-up telephone call.
- Providing appointments outside of school hours, and same-day urgent care for children who were ill. The premises were satisfactory for children and babies. Staff hoped to provide an improved environment following the proposed move to another site. The practice offered contraceptive services, and sexual health information was available within the practice. Patients were able to access weekly, midwife-led, ante-natal care clinics, and clinicians also offered six week post-natal checks. Systems had been put in place to identify and follow up children who were at risk.
- The practice's clinical IT system clearly identifying patients with dementia and mental health needs to ensure staff were aware of their specific needs. Where appropriate, care plans had been put in place to meet patients' needs. Patients experiencing poor mental health had access to information about how to contact various support groups and voluntary organisations. The provision of in-house counselling and therapy meant patients were able to access these services in a familiar setting. Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe. Some staff had completed Dementia training, to help raise awareness of dementia related issues and the needs of patients with this condition.
- The nursing team offered a range of health promotion clinics, including smoking cessation clinic appointments and new patient checks, for working age patients. Extended hours appointments were offered each

weekday morning, from 8am onwards. Patients were able to use on-line services to make appointments, request prescriptions and access their medical records. Patients were able to request prescriptions at any time between 8am and 6pm.

- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. a disabled toilet which had appropriate aids and adaptations. Due to the location of the practice, disabled parking was not available. Staff had access to a telephone translation service and interpreters should they be needed. There was a loop system for patients with hearing impairments, including a portable one for use in the treatment and consultation rooms.

- Making appropriate arrangements to meet the needs of the large Orthodox Jewish community, who made up over 50% of their patient population. Staff were highly committed to understanding the needs of this group of patients. They had used a variety of measures to reach this community, to help improve health outcomes and provide culturally sensitive care and treatment. In doing so, staff had adapted their medical practice to meet the needs of these patients. The practice was also very committed to improving access to care and treatment for patients from the community. For example, advertising in the Orthodox Jewish Community local paper to reach those whose religious beliefs involved restrictions on the use of mobile telephones, the internet, and other types of social media. The practice provided dedicated appointment slots, to meet the needs of young people and religious scholars attending the local colleges. Also, staff had developed positive links with key religious representatives, and had liaised with the local Jewish healthy living centre, to help them gain a better understanding of how to provide culturally sensitive care and treatment.

Access to the service

The practice was open Monday to Friday between 8am and 6pm. (The General Medical Services (GMS) contract stipulates that 'core hours' means the period beginning at 8am and ending at 6:30pm. The provider told us that the practice closed at 6pm each weekday. They said patients were able to access 'essential services' between 6pm and 6:30pm, via the extended hours service provision delivered by the GATDOC out-of-hours service. We were told this arrangement had been in place for more than 20 years and provided time for the Gateshead practices to handover to the out-of-hours service.

GP appointment times were Monday to Friday between 8am and 11:30am, and between 2:30pm and 17:40pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day appointments, as well as routine pre-bookable appointments up to three months in advance. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GP staff told us they were always prepared to see extra patients on the day, to help the practice respond to demand, including the provision of same-day appointments for children who were ill. The practice provided dedicated appointment slots, to meet the needs of young people and religious scholars attending the local colleges. Alerts had been added to the system, to remind staff of patients who would benefit from being offered a double appointment because of their needs. Patients were also able to access a walk-in centre at the local hospital, where patients could be seen by nurses who were able to deal with minor illnesses and injuries.

The majority of patients who provided feedback on Care Quality Commission (CQC) comment cards raised no concerns about telephone access to the practice or appointment availability. Results from the NHS GP Patient Survey of the practice, published in July 2016, showed that patient satisfaction levels with telephone access and appointment availability were either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. However, patient satisfaction levels were lower than local CCG and national averages in relation to appointment waiting times. Of the patients who responded to the survey:

- 87% said the last appointment they got was convenient, compared with the local CCG and national averages of 92%.
- 96% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG and national averages of 85%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 97% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 55% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 68% and the national average of 65%.

We spoke to staff about a lower level of patient satisfaction in relation to appointment waiting times. Staff were aware of the reasons for this, and had taken action to help address it. For example, older patients with complex needs who were known to require more time during a consultation, had been identified on the practice's IT system to remind reception staff of the need to offer longer appointments wherever possible.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints.

- This included having a designated senior GP who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website and was also on display in the patient waiting areas.
- The practice had received four complaints during the previous 12 months. We looked at how one complaint had been addressed. We saw staff had offered an apology as well as an open invitation to speak with a member of the GP team about the findings of the investigation. Although it was clear staff had responded promptly to the patient's concerns and treated the issues they raised seriously, the contact details for the Parliamentary and Health Service Ombudsman (PHSO) had not been included in the response letter sent to the complainant.

Are services well-led?

Good

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

Our findings

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

- Leaders at the practice had an inspiring shared purpose, strove to deliver and motivate staff to succeed, and had adapted the way they practiced medicine to meet the needs of their patients.
- The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. The provider had prepared a statement of purpose, as part of their application to register with the Care Quality Commission, and they had devised a mission statement and practice charter which set out what they wanted to achieve for their patients. The practice management team had prepared a detailed business development plan covering the next five years, and this provided details of how the provider intended to enact their vision and strategy.
- The GP team was motivated and committed to improving the quality of care and treatment they provided to patients. Staff engaged with the local clinical commissioning group's (CCG) Practice Engagement Programme, and used this to respond to areas targeted for improvement.
- All of the staff we spoke to understood the practice's commitment to providing good patient care and how they were expected to contribute to this. They were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the partners' strategy and the provision of good quality care. This framework ensured that:

- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- Key staff held lead roles, to help provide leadership and direction within the practice. Staff had developed areas of expertise, to help provide their patients with the best possible care. For example, the nurse practitioner was able to see patients with, and prescribe for, a wide range of conditions, including acute infections and minor injuries. A member of the administrative team managed the QOF system and helped to run the local centralised patient 'call' and 'recall' system.
- Quality improvement activity was undertaken, to help improve patient outcomes.
- Regular planned meetings were held to share information and manage patient risk. These included weekly partners and management meetings, clinical meetings and twice weekly 'huddle' meetings. This latter helped to provide non-clinical staff with an update on any current issues within the practice.
- Staff were supported to learn lessons when things went wrong. The staff team actively supported the identification, promotion and sharing of good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.
- Patients were encouraged to provide feedback on how services were delivered and what could be improved.

Leadership, openness and transparency

On the day of the inspection, the GP partners demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. There was visible leadership and a clear management structure, underpinned by strong, cohesive teamwork and good levels of staff satisfaction. GPs told us that every effort was made to ensure the workload was equally spread between them, to help reduce stress and burnout.

The provider had complied with the requirements of the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- The GP partners encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation and involvement.
- A culture had been created which encouraged and sustained learning at all levels.

Are services well-led?

Good

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

- There were effective systems which ensured that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again.

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

The practice encouraged and valued feedback from patients and staff. The practice had supported the development of a practice participation group (PPG) for representatives from the local Orthodox Jewish community. However, staff had found it more difficult to set up a PPG to represent other patients, and were in the process of exploring whether a virtual forum might be more successful. The Orthodox Jewish PPG had been consulted about the plans the GP partners were making to secure a new location for the practice. The views of other patients regarding the services provided by the practice, and the proposed re-location, had been sought via a survey carried out in January 2016. Staff had also used the Friends and Family Test survey to gather feedback from patients.

The Orthodox Jewish community PPG member told us they felt their views and opinions were welcomed by the practice. They told us of the improvements that had been made as a result of their involvement. For example, they said improvements had been made to the appointment system and staff's knowledge of Jewish customs had improved which help them to provide a more culturally sensitive service.

The GP partners and practice manager valued and encouraged feedback from their staff. Arrangements had been made which ensured that staff had received an annual appraisal. The practice team mainly consisted of long-serving staff, with six having worked at the practice for over twenty years, demonstrating it was a supportive environment in which to work.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The GP partners and practice manager were forward thinking and actively encouraged and supported staff to access relevant training. The team demonstrated their commitment to continuous learning by:

- Providing GP Registrars (trainee GPs) and medical students (years 1 to 5) with placements and the opportunity to learn about general practice.
- Actively encouraging and supporting staff to access relevant training including, for example, attendance at 'Hot Topic', and 'Time-in, Time-out' training sessions run by the local CCG. Arrangements had been made to support the senior administrator to complete a practice management qualification, to help ensure continuity of management.
- Carrying out a range of clinical and quality improvement audits, to help improve patient outcomes.
- Learning from any significant events that had occurred, to help prevent them from happening again.

Members of the team demonstrated their commitment to supporting the development of better services for patients through the key roles they played in a local not-for-profit organisation, set up to provide NHS healthcare within the Gateshead community. Other clinicians held lead roles within the local CCG, i.e. in gastroenterology, urgent care and local out-of-hours services. The practice undertook a pilot for the above organisation, which led to the development of a centralised patient 'call' and 'recall' system, which has since been adopted by other Gateshead GP practices. Staff also participated in other pilot projects, to help improve general practice, both within the practice and further afield.