

Humshaugh and Wark Medical Group

Quality Report

Wark Surgery
Wark
Hexham
Northumberland
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Website: www.humshaughandwarkmedicalgroup.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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Humshaugh and Wark Medical Group on 3 February 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they were able to get an appointment with a GP when they needed one.
- Extended hours surgeries were offered up to 7:30pm one evening each week at each surgery.
- Urgent appointments were available on the day they were requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- Patients could access appointments and services in a way and a time that suited them. Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice highly for accessibility. For example, 100% said the last

Summary of findings

appointment they got was convenient (CCG average of 93%, national average of 92%) and 99% found it easy to get through to the surgery by phone (CCG average 77%, national average 73%).

There are three areas where the provider should make improvements:

The provider should:

- Review the records and storage of blank prescriptions to ensure that these are stored in line with national guidance and kept securely at all times.
- Monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Review the management of complaints at the practice; verbal complaints should be recorded in line with their agreed complaints policy.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again. For example, the practice had changed their dispensing processes following a series of medication errors.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system, safeguarding leads were in place and appropriate recruitment checks had been undertaken prior to employing staff.
- Risks to patients were assessed and well managed. However, the arrangements for the recording and storage of blank prescriptions and signing of repeat prescriptions were not in line with national guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96% of the points available in 2014/15. This was 1.2% below the local average and 2.9% above the national average. For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Clinical audits demonstrated quality improvement. Audit was clearly linked to guidelines and best practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for almost all aspects of care. For example, results from the National GP Patient Survey showed that 99% of respondents had confidence and trust in their GP, compared to 95% nationally. 96% of respondents said the last GP they saw was good at listening to them, compared to the national average of 89%. 95% of respondents said that the GP was good at treating them with care of concern compared to the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture. We also saw that staff treated patients with kindness and respect.
- The practice had a carers' champion who supported carers and acted as a key contact for carer information at the practice.
- Information for patients about the services offered by the practice was available. For example, they provided this information in the practices' newsletter, patient leaflet and in the waiting areas.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had initiated a home delivery service for medications in response to practice demand and the needs of a largely rural and elderly population.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients could access appointments and services in a way and at a time that suited them. For example, an open access clinic

Summary of findings

with a GP was available each day. The practice were reviewing this arrangement but still planned to offer open access appointments with a nurse practitioner to ensure that patients preference for an open access clinic were taken into account.

- Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice highly for accessibility. For example, 100% said the last appointment they got was convenient (CCG average of 93%, national average of 92%) and 99% found it easy to get through to the surgery by phone (CCG average 77%, national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. However, the practice did not always record verbal complaints in line with their agreed policy.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a business plan, which was regularly reviewed.
- There was a high level of constructive engagement with staff and high levels of staff satisfaction.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population.
- All patients over the age of 75 had a named GP.
- Patients over the age of 75 with a chronic disease were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.1% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- The clinical staff and the medicines manager provided medicine reviews for patients.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had achieved 95% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 0.3% above the local CCG average and 6.1% above the national average.
- A diabetic clinic was held each week; supported by a podiatrist. Once a month a dietician also attended to support this clinic.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health

Summary of findings

and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The medicines manager provided support for patients who started using a 'dosette box' to manage their medications.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds were 100% (CCG average 96% to 99%) and for five year olds ranged from 93% to 96% (CCG average 95% to 99%).
- Urgent appointments for children were available on the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 0.7% above the local CCG average and 2.6% above the national average.
- The practice's uptake for cervical screening was 95%, which was 11.5% above the local CCG average and 13.2% above and national average.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available one evening each week at each surgery.
- Patients could order repeat prescriptions and book appointments on-line.
- Telephone appointments were available; the patient could request a named doctor. Patients told us that they appreciated this service.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's, travel vaccinations and minor surgery were provided.
- The practice website provided a wide range of health promotion advice and information.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had a carers' champion who supported carers and acted as a key contact for carer information at the practice.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice held a register for patients experiencing poor mental health and had identified 1% of their patient population as requiring inclusion.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 3.6% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.9% above the local CCG average and 5.5% above the national average. Over 95% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Several staff had undertaken dementia friends training which provided additional understanding of the issues faced by patients with dementia and their carers.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in July 2015, showed the practice was performing above local and national averages. There were 269 forms sent out and 131 were returned. This is a response rate of 49% and represented 3.5% of the practice's patient list.

- 100% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 99% found it easy to get through to this surgery by phone (CCG average of 77%, national average of 73%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 93% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).

We reviewed 22 CQC comment cards all of which were very positive about the standard of care received; several described the care as excellent. They also described the practice staff as caring and helpful and said staff listened to them and treated them with respect.

We spoke with five patients during or shortly after the inspection; including members of the patient participation group. All the patients said they were happy with the care they received.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the records and storage of blank prescriptions to ensure that these are stored in line with national guidance and kept securely at all times.
- Monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.
- Review the management of complaints at the practice; verbal complaints should be recorded in line with their agreed complaints policy.

Outstanding practice

- Patients could access appointments and services in a way and a time that suited them. Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice highly for accessibility. For example, 100% said the last

appointment they got was convenient (CCG average of 93%, national average of 92%) and 99% found it easy to get through to the surgery by phone (CCG average 77%, national average 73%).

Humshaugh and Wark Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a CQC Pharmacist.

Background to Humshaugh and Wark Medical Group

Humshaugh and Wark Medical Group is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 3,700 patients from two locations:

- The Surgery, Humshaugh, Hexham, Northumberland, NE46 4BU.
- Wark Surgery, Wark, Hexham, Northumberland, NE46 3LS.

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

Humshaugh and Wark Medical Group is based in purpose built premises at two locations. There is level access to Wark surgery. Access to the surgery at Humshaugh is via a ramp. Some of the consulting room at Humshaugh surgery are not suitable for wheelchair users, the practice advises patients of this fact in the patient leaflet.

Parking is available adjacent to Wark Surgery and on-site parking is available at Humshaugh surgery. A disabled WC is available at each surgery.

The practice has two GP partners and one salaried GP (one male, two female). The practice employs a practice manager, data manager, nurse practitioner, two practice nurses, a medicines manager, a healthcare assistant, a secretary and a senior administrator. The practice also employs 10 staff that undertakes reception and dispensing duties as well as an apprentice administrator/receptionist, a cleaner and a delivery driver/handyman. The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

The practice is a dispensing practice; this service is only available to patients who live more than one mile away from a chemist. This equates to 89% of the practices' patients.

Wark Surgery is open at the following times:

- Monday, Wednesday and Friday 8:30am to 5:30pm.
- Tuesday and Thursday 8:30am to 1pm with telephone access until 5:30pm.

Appointments are available at Wark Surgery at the following times:

- Monday, Wednesday and Friday 8:30am to 11:30am and 1pm to 5:30pm
- Tuesday and Thursday 8:30am to 11:30am.
- Extended hours appointments are available until 7:30pm each Monday evening.

The Surgery, Humshaugh is open at the following times:

- Monday to Friday 8:30am to 5:30pm with telephone access only between 1pm and 3pm on Thursday.

Appointments are available at The Surgery, Humshaugh at the following times:

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- Monday, Tuesday, Wednesday and Friday 8:30am to 11:30am and 1pm to 5:30pm.
- Thursday 8:30am to 11:30am and 3pm to 5:30pm.

Extended hours appointments are available until 7:30pm each Thursday evening.

The telephones are answered by the practice from 8am until 5:30pm.

The practice is active in clinical research and patients at the practice are encouraged to participate in appropriate clinical trials.

The practice is part of NHS Northumberland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the eighth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 80 years, compared to the national average of 79 years. Average female life expectancy at the practice is 84 years, compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is below average (50% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment is above average (62% compared to the national average of 60%).

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

Why we carried out this inspection

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

How we carried out this inspection

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 3 February 2016.

During our visit we:

- Spoke with a range of staff. This included two GPs, the practice manager, the nurse prescriber, the medicines manager, two dispensing receptionists and the data manager, the career start nursing assistant and two members of the administration team. We also spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 22 CQC 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, following a recent series of dispensing errors the practice had substantially changed their process for managing how medicines were dispensed. This included changes to staff roles. Work to assess the effectiveness of the change was scheduled when we inspected the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. They had robust systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enabled staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG could identify any trends and areas for improvement. All medication errors were recorded on this system.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a delayed referral to secondary care, a new referral procedure was introduced and additional training was provided for the relevant staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for adult and child safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role but not all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager had recently reviewed the personal files of all staff and noted that some administrative staff who acted as chaperones had not received a DBS check. The practice completed applications for these checks for all relevant staff immediately after the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. The practice nurse was the infection control clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, areas were cleared of clutter and a deep clean had been completed.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Medicines Management

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

Are services safe?

- Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training and had regular checks of their competence.
- Staff showed us the standard operating procedures for managing medicines, (these are written instructions about how to safely dispense medicines) and we saw evidence that these were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Medicine errors and near misses were recorded and reviewed to reduce the risk of errors being repeated
- We looked at the way that blank prescriptions were managed and found that the records and storage of blank prescriptions should be reviewed to ensure that they are in line with national guidance and kept securely at all times.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. However, at the time of our visit there was no system in place to ensure that GPs checked and signed repeat prescriptions before the medicines were dispensed and issued to patients. Overall, this meant that patients did not receive medicines safely because GPs did not have the opportunity to do a clinical check before they were dispensed. The practice has since reviewed this process and introduced a system where all prescriptions are reviewed and signed by the GP before dispensing. The provider should monitor the new process of signing repeat prescriptions before they are issued to patients. This is in order to demonstrate these improvements become embedded into practise in the long term.
- We saw that requests for repeat prescriptions were dealt with in a timely way. There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- Patient Group Directions (PDGs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The practice had a system for production of Patient Specific Directions (PSD's) to enable Health Care Assistants to administer vaccinations. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The practice had established a service for people to pick up their dispensed prescriptions at three locations and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure people collecting medicines from these locations were given all the relevant information they required. A delivery service was also available for housebound patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a

Are services safe?

variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.)

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice manager had reviewed the practices' arrangements for risk assessments at the practice and completed work to ensure all were up to date and reviewed when required.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to 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. The reception desk and some clinical rooms were also fitted with panic alarms.
- All clinical staff received annual basic life support training, all administrative staff received basic life support training every three years and there were emergency medicines available.
- The practice had a defibrillator available in the building and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a comprehensive risk based business continuity plan in place for major incidents such as power failure or building damage. Emergency contact numbers for staff were not included in the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 96% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 98% and the national average of 94%. At 9%, their clinical exception reporting rate was 0.8% below the local CCG average and 0.7% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was above average (95% compared to the CCG average of 95% and the national average of 89%). For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93%, compared to the national average of 88%.
- Performance for the mental health related indicators was above average (100% compared to the CCG average of 97% and the national average of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months, was 100%, compared to the national average of 88%.

- Performance for the dementia related indicators was above average (100% compared to the CCG average of 99% and the national average of 95%). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95%, compared to the national average of 84%.
- The practice also performed well in other areas. For example, the practice had achieved 100% of the points available for 18 of the 19 clinical domains, including the asthma, cancer, heart failure and depression domains.

Clinical audits demonstrated quality improvement. We saw evidence that the practice used clinical audits effectively and that they were linked to improving patient outcomes.

- Three two-cycle clinical audits had been completed in the last 12 months where improvements had been implemented and monitored. For example, the practice had reviewed their management of patients with heart failure in line with national guidance that had reduced the number of unnecessary tests carried out on patients.
- The practice participated in local audits. For example, the practice had participated in audits on medicines optimisation led by the local CCG.
- The practice discussed the results of audits at the regular clinical meetings to ensure that all staff were aware of any changes to practice that were required.
- The practice was committed to using audit to support continuous improvements in patient care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how

Are services effective?

(for example, treatment is effective)

they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.

- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The nurse practitioner was being supported to complete an advanced degree in clinical research studies.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored and staff informed when they needed to undertake training. The practice manager had reviewed the training requirements of staff when she was appointed and planned a schedule of training to ensure appropriate training was completed. For example, face-to-face adults and child safeguarding training was scheduled for all staff early in 2016. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months or an appraisal was planned. The personal development plans for all staff had been recently reviewed by the practice manager.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital. We

saw evidence that multi-disciplinary team (MDT) meetings took place on a regular basis. The practice also held quarterly palliative care and monthly vulnerable patient meetings.

- As part of a recent local initiative, patients most at risk of admission into hospital were identified by the practice, care plans were created and a monthly multi-disciplinary team meeting coordinated their management to support effective care and reduce the rate off readmission to hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 95%, which was above the local CCG average of 84% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old was 100% (CCG average 95% to 98%). For five year

Are services effective?

(for example, treatment is effective)

olds rates ranged from 93% to 96% (CCG average 95% to 99%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Feedback from patients and carers we spoke to was all positive about the way that staff treated people.
- From discussion with the clinical staff, we heard of good examples of patient focused care and staff were able to describe examples of good quality care. For example, staff had responded to changes in patients' behaviour, which resulted in a referral to secondary care. We also saw that systems had been established to ensure patients who required regular appointments for injections were reminded of the need to attend.

All of the 22 Care Quality Commission comment cards we received were positive about the service experienced. We spoke with five patients during or shortly after the inspection. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey published, in July 2015, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were all higher, when compared to the local and national averages. For example:

- 96% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 96% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).

- 95% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 93% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 87%, national average 85%).
- 98% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).

Data from the most recent Friends and Family Survey carried out by the practice, between October 2015 and January 2016, showed that 97% of patients said they would be extremely likely or likely to recommend the service to family and friends. No patients said they would be unlikely to recommend the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comments cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published in July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local CCG and national averages.

For example:

- 92% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, information was available for patients on support available for those with mental health conditions.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to

the various avenues of support available to them. For example, information to support carers was available on the practice website and on a designated file in the waiting area at the surgery at Humshaugh and on notice boards in the waiting areas. The practice had identified 2% of the practice list as carers. The practice had a carers' champion who actively contacted known carers to ensure they had access to appropriate support.

Staff told us that if families experienced bereavement they offered the bereaved patient advice on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. For example, the practice had recently reviewed their appointment system in response to changes to secondary care provision in the local area. The focus was on providing care closer to home, therefore if appropriate admissions to hospital were arranged for the local hospital. The practice population was largely rural and transport to other hospitals was difficult for patients and visitors.

We also found that:

- When a patient had more than one condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Booked appointments were available with nurse practitioner four afternoons a week at the Surgery in Humshaugh; this was available to all patients.
- Extended hours appointments were available with a GP or nurse one evening a week at each surgery.
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services available.
- Patients could request telephone advice from a named GP.
- The practice provided a delivery service for medicines for patients who were unable to collect their prescriptions; this was provided one day each week.
- A diabetic clinic was held each week; supported by a podiatrist. Once a month a dietician also attended to support this clinic.

- The medicines manager provided support for patients who started using a 'dosette box' to manage their medications. They visited patients at home to discuss any concerns they had and any medications not required were removed; this reduced the risk of patients taking incorrect medication.

Access to the service

The Wark Surgery was open at the following times:

- Monday, Wednesday and Friday 8:30am to 5:30pm.
- Tuesday and Thursday 8:30am to 1pm with telephone access until 5:30pm.

Appointments were available at Wark Surgery at the following times:

- Monday, Wednesday and Friday 8:30am to 11:30am and 1pm to 5:30pm
- Tuesday and Thursday 8:30am to 11:30am.

Extended hours appointments were available until 7:30pm each Monday evening.

The Surgery, Humshaugh was open at the following times:

- Monday to Friday 8:30am to 5:30pm with telephone access only between 1pm and 3pm on Thursday.

Appointments were available at The Surgery, Humshaugh at the following times:

- Monday, Tuesday, Wednesday and Friday 8:30am to 11:30am and 1pm to 5:30pm.
- Thursday 8:30am to 11:30am and 3pm to 5:30pm.

Extended hours appointments were available until 7:30pm each Thursday.

Results from the National GP Patient Survey, published in July 2015 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 100% of patients said that the last appointment they got was convenient (CCG average 93%, national average 92%)
- 84% of patients were satisfied with the practice's opening hours (CCG average 77%, national average of 75%).
- 99% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 90% patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 60%).
- 98% describe their experience of making an appointment as good (CCG average 76%, national average 73%).

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice: GPs provided clinical oversight when required.

- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and a complaints leaflet was available. Information on how to complain was also included in the practice leaflet that was easily available in the waiting area.
- However, the practice was not recording all verbal complaints they received in line with their agreed policy.

We looked at the four complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were provided with the opportunity to review their practice and were reminded of the appropriate guidance to follow when errors were made.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose, which was in the practice leaflet and the practice's website. This was 'we aim to provide a high standard of medical practice and care, to treat patients with dignity, respect and honesty and to work in partnership to protect and promote overall health and well being'.
- Practice priorities had been identified. For example, improvements to the practice buildings and the introduction of structured training plans for all staff.
- The practice was involved in the local GP Alliance.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and these were easily accessible to staff. The practice manager had recently reviewed the policies and procedures in use at the practice.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

- Staff told us the practice held regular team meetings. They told us how issues raised at the team meetings were also discussed at other relevant meetings and they received feedback on any discussion and actions taken. Staff felt empowered and supported by the practice. Positive and supportive working relationships between staff within the practice were evident during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the principal GP and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through:

- Their patient participation group (PPG), surveys and complaints received. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. For example, the practice had consulted with the PPG on recent changes to their appointment system and had worked hard to accommodate their views.
- Staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice. For example:

Are services well-led?

Good 

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

- The practice was actively involved in clinical research. The practice was 'Research Ready' registered and accredited with the Royal College of General Practitioners (RCGP). RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively or potentially engaged in research. All members of staff involved in research were trained (NHS recognised training; Good Clinical Practice (GCP)) to carry out research studies. The practice participated in local research forums and the nurse practitioner was part of a specialist respiratory research group.
- The practice had participated in a number of research studies and signposted patients to research projects as appropriate. For example, research studies on the prevention of bleeding from ulcers in patients who used aspirin and the detection of pulmonary artery disease.