

Harraton Surgery

Quality Report

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

Ratings

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

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 Harraton Surgery on 22 September 2015. Overall the practice is rated as inadequate.

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.

Our key findings were as follows:

- The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients said they felt involved in decisions made about their care and 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, with urgent appointments available the same day, although some felt they waited too long to be called in for their appointment.
- Staff said managers were approachable but they were not involved in discussions about how to run and develop the practice, or encouraged to identify opportunities to improve the service delivered by the practice.
- When things went wrong, reviews and investigations were not sufficiently thorough and lessons learned were not communicated widely enough to support improvement.
- Staff had not received the training necessary to carry out their roles effectively.

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

Importantly, the provider must:

- Put effective systems in place to manage and monitor the prevention and control of infection.

Summary of findings

- Take action to ensure the fridges used for storing vaccines are fit for purpose and minimum and maximum temperatures are checked.
- Ensure that there are formal governance arrangements in place, including systems for assessing and monitoring the quality of the service provision. Staff must have appropriate policies and guidance to carry out their roles in a safe and effective manner. This should include putting in place a practice specific safeguarding policy for staff to follow.
- Provide appropriate training for all staff, including training on fire safety, infection control, safeguarding and information governance.
- Review staffing levels within the administrative and cleaning staff teams to ensure sufficient staff are deployed. This should include ensuring that appropriate numbers of staff are trained to complete referral letters.

In addition the provider should:

- Update the business continuity plan to include relevant contact details and reference to current NHS organisations.

- Ensure that recruitment information is available for each person employed.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because effective systems and processes were not in place to keep them safe. Areas of concern identified included appropriate checks on staff had not been undertaken prior to their employment, the safeguarding arrangements were unclear, not all staff who acted as chaperones had been subject to Disclosure and Barring Service (DBS) checks and staffing levels within the administrative and cleaning staff teams were low. The premises were clean but appropriate standards of hygiene were not followed.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learned were not communicated widely enough to support improvement.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 97.7% of the points available. This was above the local and national averages of 94.5% and 93.5% respectively.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

However, there were significant gaps in the mandatory training that staff were expected to complete. This included fire safety, information governance and safeguarding training.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained privacy and confidentiality.

Good



Summary of findings

The practice scored highly on the National GP Patient Survey from July 2015. Results showed patients were happy with the care received. 91% of patients said their GP treated them with care and concern (compared to 82% nationally). A high proportion of patients (93%) said the last GP they saw or spoke to was good at listening to them (compared to the national average of 87%) and 95% said the last nurse they saw or spoke to was good at listening to them (national average 78%).

However, staff were unclear what services were available for patients who did not have English as a first language.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Patients were able to book longer appointments on request. Appointments with a GP were available on Friday mornings from 7.30am. Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example, 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.

However, there was a lack of facilities specifically designed for patients with mobility difficulties. There were no designated parking spaces or access enabled toilets. The practice did not have a hearing loop installed to assist patients with hearing difficulties, although staff told us they would offer support where necessary. Staff were not aware of whether there was an interpretation service available to support patients who did not speak English.

Patients could get information about how to complain in a format they could understand. However, the arrangements for recording complaints were unclear and there was no evidence that complaints had been reviewed collectively with staff on an annual basis.

A patient participation group had been established, however, it was not clear whether this was an impartial group as all three of the patients were related to practice staff.

Requires improvement



Are services well-led?

The practice is rated as inadequate for providing well-led services and improvements must be made.

There was no clear strategy for future development. A business plan had been devised but there were no detailed plans or timescales about how and when the practice would achieve those aims. The

Inadequate



Summary of findings

practice had some policies and procedures to govern activity, however some had not been personalised to reflect the practice's requirements and others referred to organisations which no longer exist.

The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. There was a lack of good governance and the number of concerns we identified during the inspection reflected this. The practice had begun to seek feedback from patients, including through its patient participation group (PPG). Staff were not involved in discussions about how to run and develop the practice, or encouraged to identify opportunities to improve the service delivered by the practice.

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 inadequate for the care of older people. The practice was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with dementia. This was above the local clinical commissioning group (CCG) average (95.0) and 6.6 points above the England average.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans. A register of housebound patients was maintained; clinical staff carried out home visits as necessary and arrangements were in place to deliver prescriptions to this group of patients.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of patients with long-term conditions. The practice was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. Patients with long-term conditions such as hypertension and diabetes, were offered a structured annual review to check that their health and medication needs were being met, or more often where this was judged necessary by the GP.

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Inadequate



Summary of findings

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.0 percentage points above the local CCG average and 2.8 points above the national average.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 and 24 month old babies and five year old children were in line with the local CCG area.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had obtained 100% of the QOF points available to them for providing recommended maternity services and carrying out specified child health surveillance interventions. Nationally reported QOF data (2013/14) showed antenatal care and screening were offered in line with current local guidelines. The data also showed that child development checks were offered at intervals consistent with national guidelines. Cervical screening rates (85.4%) were above the national average (81.9%).

Inadequate



Working age people (including those recently retired and students)

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

Inadequate



Summary of findings

was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 and flexible. The practice offered some online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. The practice was open from 8.00am to 6.00pm Monday to Thursday and between 7.30am and 6.00pm on Fridays. The extended opening hours on a Friday were particularly useful to patients with work commitments. However, the NHS contract states that practices should be open until 6.30pm each night. During this time patients were directed to the NHS 111 service.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children and how to contact relevant agencies in and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe and well-led and requires improvement for being responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with poor mental health. This was 9.7 percentage points above the local CCG average and 9.6 points above the England average. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Summary of findings

What people who use the service say

We spoke with seven patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 16 CQC comment cards which had been completed by patients prior to our inspection.

Most patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system, although some felt they waited too long to be called in for their appointment.

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 106 responses and a response rate of 29%.

- 96% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 85% found it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 71%.
- 82% found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 75% said the last appointment they got was very convenient compared with a CCG average of 51% and a national average of 47%.
- 75% described their experience of making an appointment as good compared with a CCG average of 77% and a national average of 74%.
- 65% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 65%.
- 65% felt they didn't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

Areas for improvement

Action the service MUST take to improve

Put effective systems in place to manage and monitor the prevention and control of infection.

Take action to ensure the fridges used for storing vaccines are fit for purpose and minimum and maximum temperatures are checked.

Ensure that there are formal governance arrangements in place, including systems for assessing and monitoring the quality of the service provision. Staff must have appropriate policies and guidance to carry out their roles in a safe and effective manner. This should include putting in place a practice specific safeguarding policy for staff to follow.

Provide appropriate training for all staff, including training on fire safety, infection control, safeguarding and information governance.

Review staffing levels within the administrative and cleaning staff teams to ensure sufficient staff are deployed. This should include ensuring that appropriate numbers of staff are trained to complete referral letters.

Action the service SHOULD take to improve

Update the business continuity plan to include relevant contact details and reference to current NHS organisations.

Ensure that recruitment information is available for each person employed.

Harraton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse.

Background to Harraton Surgery

Harraton Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the town of Washington, Sunderland.

The practice provides services to around 2,200 patients from one location: 3 Swiss Cottages, Washington, Tyne and Wear, NE38 9AB. We visited this address as part of the inspection. The practice is a single handed GP practice with one male GP. There is also one practice nurse (female), a healthcare assistant, a practice manager, and three staff who carry out reception and administrative duties.

The lead GP also provides services from two other GP practices in the area. These were previously registered as a single practice, but were subsequently re-registered as three individual practices.

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a slightly older population than national averages. There are more patients registered with the practice between the ages of 45 and 60 than the national averages.

The practice is located in a converted two storey building. Patient facilities are on both the ground and first floor. The practice does not have a lift but there are consultation rooms available on the ground floor for all patients to use. There is on-site parking and step-free access.

Opening hours are between 8.00am and 6.00pm Monday to Thursday and between 7.30am and 6.00pm on Fridays. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times during the week of the inspection:

- Monday – 10.00am to 1.00pm; then from 2.00pm to 5.00pm
- Tuesday – 10.00am to 1.00pm; then from 2.00pm to 5.00pm
- Wednesday – 9.30am to 12.30pm; then from 4.00pm to 6.00pm
- Thursday – 8.30am to 11.00am; then from 2.00pm to 6.00pm
- Friday – 7.30am to 10.30am; then from 3.30pm to 6.00pm

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

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

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

Detailed findings

part of our regulatory functions. This 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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

We carried out an announced visit on 22 September 2015. We spoke with seven patients and seven members of staff from the practice. We spoke with and interviewed two GPs, a practice nurse, the practice manager and three staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 16 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in September 2014 we found the practice's approach to identifying and investigating incidents was unclear. During this inspection we found the system in place was still not clear. There remained a lack of clarity as to how significant and serious events were identified and how learning was disseminated.

Staff told us they would inform the practice manager of any incidents. Some were reported to the local clinical commissioning group (CCG), using the local safeguarding incident risk management system (SIRMS). There was also a notebook used to record 'significant, adverse and critical incidents'. The book contained details of five such events. In advance of the inspection we asked the practice to provide us with a summary of any serious adverse events for the last 12 months, action taken and how learning was implemented. The practice sent through details of three events.

We reviewed the three incident reports which were sent to us before the inspection. The forms gave a description of the event and any immediate actions taken. Two of the forms contained details of the immediate action taken; the other only had a description of the incident. There was no evidence of any analysis of the events, what had been learned and what action had been taken to improve safety in the practice. Staff told us they were not kept informed about any action taken and there were no minutes to show how the learning had been shared with the team.

We found systems and processes were not in place to ensure patients were kept safe. We identified concerns with recruitment arrangements, infection control, staffing, support given to staff through training and appraisal and a lack of effective governance. The practice could therefore not demonstrate a consistent safe track record over the long term.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe, for example:

- Some arrangements were in place to safeguard adults and children from abuse. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. When we inspected

the practice in September 2014 we identified concerns in relation to the safeguarding arrangements, some staff had not received appropriate training, there were a number of safeguarding policies and it was not clear who was the lead. During this inspection we found a lead member of staff for safeguarding had been identified, however, not all staff within the practice knew who that was. We found there were still several safeguarding policies in the policy file so it remained unclear which policy was current and to be used by staff. Staff told us they had received training relevant to their role; however, there were no training records in place to confirm this.

- Notices were displayed in the waiting area and consulting rooms, advising patients that they could request a chaperone, if required. All staff, including non-clinical staff carried out this role. However, one member of staff who acted as a chaperone had not been risk assessed, nor had a Disclosure and Barring Service (DBS) check completed to check they were safe to do this (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). Staff told us they had received chaperone training but there were no training records to confirm this.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. However, only one member of staff had received fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- The arrangements for managing medicines not requiring refrigeration in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were

Are services safe?

systems in place to monitor their use. However, the practice did not have suitable arrangements in place for the proper and safe management of vaccines. The vaccines were stored in a small fridge, without sufficient air flow to maintain the necessary temperatures. Actual fridge temperatures were recorded each day, but not the minimum or maximum; it was therefore difficult to ascertain whether the vaccines had been stored at the correct temperature at all times.

- Recruitment checks were not always carried out. The four files we reviewed showed that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All clinicians had medical indemnity insurance.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, most of the staff we spoke with thought there wasn't enough staff. The lead GP was the only permanent GP; the other was a long term locum. There were three members of administrative staff, one person had recently left and their hours were to be taken up by current staff. The practice manager had recently retired; they had worked full time but had been replaced by a part-time manager. Only one of the administrative team members had been trained to draft referral letters. They worked part time and also had reception duties to carry out so did not always have enough time to carry out their duties on a timely basis. Administrative staff were behind on some tasks, including summarising patient records (entering new patients' past medical details onto their current record). We saw boxes containing 75 patient records in the reception area. We looked at a sample and saw there were some which related to patients who had been registered since February 2015.
- The practice employed a cleaner for three hours per week. However, we were concerned that this was not sufficient to ensure an environment that was clean and free from infections. We checked with the lead GP whether any cleaning was carried out on the days the cleaner did not attend the practice, for example, in patient and staff toilet areas or within the reception area. They told us the other staff hoovered at the end of

the day and cleaned any areas that were visibly unclean. The national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises states that frequency of cleaning should be based on the functional use of the area to be cleaned; the elements within the room (such as equipment, furniture and fitting); and an assessment of risk. It gives suggested frequency for things such as hard flooring, low surfaces, toilets and sinks to be cleaned daily based on the risks they present.

Infection control

Although we observed the premises to be clean and tidy, appropriate standards of cleanliness and hygiene were not followed. The practice nurse was the named infection control clinical lead, however, they did not have a clearly defined role, they told us they checked that stock was in date and the general cleanliness of the building.

There was an infection control protocol in place; however, only one member of staff had received training. An infection control audit had been undertaken, but no action plan had been developed to address any necessary improvements. The audit had also failed to identify that a clinical waste bin in one of the clinical consultation rooms was not pedal operated.

One of the members of staff took the curtains from the clinical rooms home to wash. Records were maintained but there was a risk both to the staff and to patients in relation to transporting potentially contaminated curtains to and from the practice. Clinical waste arrangements were unclear, actual arrangements for the collection of clinical waste differed to that stated in the clinical waste protocol. The cleaning equipment, including mops, was stored in the staff kitchen area.

A legionella risk assessment had not been completed (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal). Records showed a quotation for an assessment to be carried out had been requested the day before the inspection.

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. The practice had a defibrillator

Are services safe?

available on the premises and oxygen with adult, but not children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Staff told us they had received basic life support training but we only saw certificates for two members of the team.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan was not specific to the practice, did not include emergency contact numbers for staff and made reference to organisations which no longer exist (the PCT and Health Authority).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had some systems in place to ensure all clinical staff were kept up to date, although much of this was informal between the lead GP and the long term locum GP who worked at the practice. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice.

Arrangements had been made which ensured national patient safety alerts were disseminated by the practice manager to both of the GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks. However, there was no evidence that the alerts were discussed at meetings to ensure staff were aware of any necessary action.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The Quality and Outcomes Framework is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2013/14 showed the practice had achieved 97.7% of the total number of points available, with a clinical exception reporting rate of 7.8%. The QOF score achieved by the practice in 2013/14 was 4.2% above the England average and the clinical exception rate was 0.1% below the England average. The latest publicly available QOF data from 2013/14 showed:

- Performance for diabetes related indicators was better than the national average (100% compared to 90.1% nationally).
- Performance for asthma related indicators was better than the national average (100% compared to 97.2% nationally).
- Performance for dementia related indicators was above the national average (100% compared to 93.4% nationally).
- Performance for osteoporosis related indicators was worse than the CCG and national averages (0% compared to a national average of 79.3% and a CCG average of 83.4%).
- Performance for cardiovascular disease – primary prevention related indicators was below the CCG and national averages (46.7% compared to a national average of 84.2% and a CCG average of 88.0).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. This included an audit of patients with asthma. An initial audit was carried out which showed that patient information was not always correctly coded. Action was taken and a further audit cycle was carried out. This showed an improvement in the coding of the patient data.

This practice had been an outlier in 2013/14 on the prescribing of antibacterial (antibiotic) medicines. We spoke with the lead GPs about this who said they thought it was due to historical over prescribing. They told us that they had recently begun an audit into antibiotic prescribing to try to understand the reasons behind the higher rates.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as an introduction to the practice, terms and conditions of employment and the organisations rules.
- The learning needs of staff were not identified through a system of appraisals, meetings and reviews of practice development needs. We looked at the appraisal records for four members of staff. One person had been recruited in the past year. The practice's recruitment policy stated that all newly employed employees would receive three performance reviews in the first six months

Are services effective?

(for example, treatment is effective)

of service. During the inspection staff could not provide us with evidence that these reviews had taken place. Following the inspection we received copies of a two reviews which had taken place within the first six months. Another person had completed the self-assessment section of their annual appraisal form. The appraisal itself had not taken place. Following the inspection we received a copy of a completed appraisal. The person worked at another surgery owned by the lead GP and they had added the name of this practice to the person's appraisal documentation. This meant the appraisal was not specific to the role carried out within Harraton Surgery.

- Staff told us they had received some training. We reviewed staff training records and saw that staff were up to date with attending some mandatory courses such as basic life support. However, training on fire safety and information governance had not been undertaken by all staff and only two staff files contained evidence of attending safeguarding training. There were no clear plans to suggest when this training would take place. Some role-specific training had been provided. The practice nurse had been trained to administer vaccines and had attended updates on cervical screening. The practice closed during an afternoon once a month for protected learning time (Time In, Time Out sessions).
- The former practice manager had recently retired and had been replaced by a member of staff from the administrative team at one of the lead GP's other practices. The job description for the role stated that the person must have a management qualification for general practice and a minimum of five years management experience. There was no evidence of interview or an assessment of whether the new practice manager had the skills, knowledge or experience to effectively carry out the role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. However, following recent changes to staff within

the practice, only one person was able to send out the referral letters to the other services. Another member of staff was due to be trained but staff told us they were busy carrying out their own roles so were unsure when that would take place.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These 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. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The uptake for the cervical screening programme was 85.4%, which was above the CCG and national averages of 82.1% and 81.9% respectively. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.9% to 100% and for

Are services effective?

(for example, treatment is effective)

five year olds from 91.3% to 100%. The flu vaccination rates for the over 65s was 78%, and for at risk groups was 63%. Both of these rates were above the national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day after our inspection. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 92%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 82%.
- 82% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with told us that health issues were discussed with them and 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. However, some of the patients we spoke with during the inspection said they sometimes felt rushed during consultations with the lead GP. Several patients commented that the lead GP seemed to frequently run late and they were not given any information about the delays. The practice had already identified this as an issue and the lead GP had said they would try to ensure they were on time. Patient feedback on the comment cards we received was positive.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 85%.
- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 82%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 74%.
- 95% said the last nurse they spoke to was good listening to them compared to the CCG average of 85% and national average of 78%.
- 96% said the nurse gave them enough time compared to the CCG average of 86% and national average of 79%.

Staff were unclear what services were available for patients who did not have English as a first language. The practice manager said there was an interpretation service available but there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

All of the patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients

Are services caring?

who were carers. One of the GPs told us there was information available in the waiting room for carers; the other GP did not know what support the practice provided for carers.

Staff told us that if families had suffered bereavement, the lead GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected in September 2014 the practice did not have a patient participation group (PPG). Attempts were made to recruit members and the first meeting was held in March 2015. The minutes of the meeting showed that four members of staff attended, along with three patients. However, the patients were all related to staff from the practice, therefore there may have been a lack of impartiality. No further meetings had been held prior to our inspection on 22 September, although a further one was planned for October.

Services were planned and delivered to take into account the needs of some different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered an early morning clinic on a Friday from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent on the day access appointments were available for children and those with serious medical conditions.
- Appointments could be booked on-line and there was an Electronic Prescribing Service available (the Electronic Prescription Service (EPS) is an NHS service which enables GPs to send prescription to the place patients choose to get their medicines from).

However, there was a lack of facilities specifically designed for patients with mobility difficulties. There were no designated parking spaces or access enabled toilets. The patient toilet did have a grab rail and patient alarm installed but there was not sufficient room for a wheelchair to access. There was a small waiting area and a narrow corridor which did not offer much space for wheelchairs and prams. This made movement around the practice more difficult and did not help to maintain patients' independence. The lead GP told us it was possible for a wheelchair to access the consultation rooms and a bell had been installed at the front door so patients could summon support when necessary.

The practice did not have a hearing loop installed to assist patients with hearing difficulties, although staff told us they would offer support where necessary. Staff were not aware of whether there was an interpretation service available to support patients who did not speak English.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Thursday and between 7.30am and 6.00pm on Fridays. Appointments were available at the following times:

- Monday – 10.00am to 1.00pm; then from 2.00pm to 5.00pm
- Tuesday – 10.00am to 1.00pm; then from 2.00pm to 5.00pm
- Wednesday – 9.30am to 12.30pm; then from 4.00pm to 6.00pm
- Thursday – 8.30am to 11.00am; then from 2.00pm to 6.00pm
- Friday – 7.30am to 10.30am; then from 3.30pm to 6.00pm

Extended hours surgeries were offered between 7.30am and 8.00am on Fridays. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent on-the-day appointments were also available for people that needed them. However, the NHS contract states that practices should be open until 6.30pm each night. During this time patients were directed to the NHS 111 service.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 71%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 74%.
- 65% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice website was very basic and did not include some important information to help patients access the service. For example, there was no information provided about how to request home visit appointments or any details about the Electronic Prescribing System. The website did advise patients to contact reception to find out how to access on-line services.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns but this was not effective.

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

We saw that information was available to help patients understand the complaints system; for example a leaflet was available in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The arrangements for recording complaints were unclear. In advance of the inspection we asked the practice to provide us with a summary of any complaints received in the last 12 months. The practice sent through details of one verbal complaint. We asked the lead GP and practice manager if this was the only complaint received. They both confirmed this was the case. When reviewing the minutes from staff meetings we saw a further complaint had been received and responded to. We asked the lead GP about this. They told us that this was the same complaint as the one sent to us. However, the complaints were both about separate issues and from different patients. There was no evidence that complaints had been reviewed collectively with staff on an annual basis.

We looked at the complaint that the practice sent us and found it had been dealt with in a timely way. However, in this case it was not clear what lessons had been learnt and what action had been taken to improve arrangements. There was no evidence that the issue and any corrective action had been disseminated to staff.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The lead GP told us the practice's mission statement was 'To be a top quality health care team; working with patients to enable good health, delivering excellent accessible care and continually developing to meet new challenges'. Staff we spoke with talked about the care of patients being their main priority; however, none were aware of the existence or contents of the mission statement.

There was no documented practice strategy for future development. The lead GP showed us a business plan for the period 2014 to 2016. This set out the main aims of the practice; 'a supportive team, patient partnership, cost-effective and generate income'. There were no detailed plans or timescales about how and when it would achieve those aims.

Governance arrangements

When last inspected the practice in September 2014 we found there were no clear governance arrangements in place. During this inspection we found the practice still did not have effective systems or processes in place to demonstrate good governance. Examples of these failings included:

- Practice policies were updated on an ad-hoc basis; there was no timetable in place to check policies to ensure they remained relevant. When policies were updated, the former practice manager sent an email to staff or verbally advised them to read them. There were no follow up arrangements in place to check whether staff had read and understood the policies. Some policies however had not been personalised to reflect the practice's requirements and others referred to organisations which no longer exist.
- Meetings of the administrative team were ad hoc. We saw two staff meetings had been held since January 2015, minutes showed that the last meeting before that was in 2002. The minutes did not refer to discussions about the quality of the service provided or any shared learning. For example, there was no evidence of shared learning across the practice team from complaints received.
- Meetings between the lead GP and nurse were informal and not documented.

- There were inconsistencies in how significant events and complaints were recorded and there was little evidence to demonstrate how any learning from such events was shared with staff.

We also identified issues with the recruitment arrangements, infection control and support given to staff through training. The lack of good governance had contributed to all of these issues.

Leadership, openness and transparency

The lead GP in the practice had the experience, but not the capacity to run the practice and ensure high quality care. The practice was run by a single-handed GP, who also had two other practices in Sunderland and Gateshead. The GP held clinical sessions at the practice each afternoon and two mornings each week. They also worked at the other two practices and for the local out of hours service. The other GP who worked at the practice was a long-term locum, and so did not provide any management or leadership support. The practice manager had recently retired and their replacement had no experience of practice management.

The lead GP was visible in the practice and staff told us that they were approachable. When we last inspected we saw that practice wide team meetings were infrequent and no notes were taken. During this inspection we saw these arrangements had continued and some staff felt isolated and not informed about what was happening within the practice. Staff were not involved in discussions about how to run and develop the practice, or encouraged to identify opportunities to improve the service delivered by the practice.

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

When we last inspected the practice in September 2014 we found the practice did not have a patient participation group (PPG). Following the inspection a PPG was formed and the first meeting was held in March 2015. The minutes of the meeting showed that four members of staff attended, along with three patients. However, the patients were all related to staff from the practice. No further meetings had been held prior to our inspection on 22 September, although a further one was planned for October.

NHS England guidance stated that from 1 December 2014, all GP practices must implement the NHS Friends and

Are services well-led?

Inadequate 

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

Family Test (FFT). The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices.

The practice had introduced the FFT and had analysed the results from January to March 2015. However, the comments had not been reviewed in the five months since then.

During our previous inspection we saw the practice did not have a patient comment box in place. This was rectified and we saw facilities were in place for patients to leave comments and feedback about the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, they told us they did not always feel any action would be taken or involved in how the practice was run. These comments were similar to those made by staff during our inspection in September 2014.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice did not effectively and safely manage medicines. The practice did not have effective infection prevention and control arrangements in place. Regulation 12 (2) (g) and (h).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Staff did not always receive appropriate training to enable them to carry out their duties. Regulation 18 (1) and (2) (a).

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. Regulation 17 (1) and (2)(a)