

Saville Medical Group

Quality Report

7 Saville Place
Newcastle Upon Tyne
Tyne and Wear
NE1 8DQ
Tel: 0191 232 4274
Website: www.savillemed.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saville Medical Group on 13 October 2015. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 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.

- Information about safety was recorded, monitored, appropriately reviewed and addressed, however some staff were unsure of the process regarding significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control and the storage of vaccines.
- The practice had good facilities and they were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by managers. The practice proactively sought feedback from staff and patients, which they acted on.

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

Importantly the provider should:

- Improve the systems for monitoring the temperature of refrigerators used for the storage of vaccines. Specifically, in-built and back-up thermometers

Summary of findings

need to be checked to ensure their readings align, and staff need to be clear on how to record the temperatures and what to do should they fall outside of the acceptable range of +2 to +8 degrees Celsius.

- Improve infection control audits to ensure all risks are identified.

- Provide appropriate training to staff who will be acting as chaperones to ensure they understand the full remit of the role.

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 requires improvement for providing safe services as there are areas where they should make improvements. Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there was an ineffective system in place to monitor the temperature of two of the refrigerators where vaccines were stored. Infection Control audits were carried out yet some risks had been missed.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies which clearly outlined who to contact for further guidance were accessible to all staff, and there was a lead member of staff for safeguarding. We saw that appropriate recruitment checks had been undertaken on staff prior to employment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to ensure patients received co-ordinated care.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Staff had reviewed the needs of their local population and engaged with

Good



Summary of findings

the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which staff acted on. The patient participation group (PPG) was actively involved with the practice, who had acted on their feedback. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in their population and provided a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 homeless people and those with a learning disability. They had carried out annual health checks for people with a learning disability and offered longer appointments for them.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told 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



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). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They 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. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke to 14 patients during our inspection, which included two members of the practice's patient participation group (PPG). 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.

All of the patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were 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 stated they were happy with the appointments system overall but did report that they had to wait longer to see the GP of their choice.

The National GP Patient Survey results published in July 2015 showed the practice was performing broadly in line with local and national averages. There were 70 responses and a response rate of 14.9%. For example:

- 87.5% find it easy to get through to this surgery by phone compared with a CCG average of 78.5% and a national average of 74.4%.

- 92.3% find the receptionists at this surgery helpful compared with a CCG average of 87.2% and a national average of 86.9%.
- 91.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.9% and a national average of 85.4%.
- 87.2% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 91.8%.
- 86.6% describe their experience of making an appointment as good compared with a CCG average of 74.2% and a national average of 73.8%.
- 68.3% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.9% and a national average of 65.2%.
- 63.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. On this occasion we received no completed comment cards.

Areas for improvement

Action the service SHOULD take to improve

- Improve the systems for monitoring the temperature of refrigerators used for the storage of vaccines. Specifically, in-built and back-up thermometers need to be checked to ensure their readings align, and staff need to be clear on how to record the temperatures and what to do should they fall outside of the acceptable range of +2 to +8 degrees Celsius.
- Improve infection control audits to ensure all risks are identified.
- Provide appropriate training to staff who will be acting as chaperones to ensure they understand the full remit of the role.

Saville Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included another CQC inspector, a GP specialist advisor and two Practice Manager specialist advisors.

Background to Saville Medical Group

Saville Medical Group is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 30,000 patients from two locations:

- 7 Saville Place, Newcastle upon Tyne, NE1 8DQ
- 285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP

The main surgery at Saville Place is in a Victorian terraced building in Newcastle City Centre. The branch surgery is located in the residential area of Newbiggin Hall in a purpose built building.

We visited both locations as part of the inspection.

The practice has over 70 members of staff, including seven (three female, four male) GP partners, nine (eight female, one male) salaried GPs, two (female) retainer GPs, one (female) senior nurse practitioner, three (female) nurse practitioners, five (female) practice nurses, one (female) primary care nurse specialist, one (female) treatment room nurse, two healthcare assistants, a practice manager, a branch surgery manager and 37 staff who carry out reception, administrative and dispensing duties.

The practice is part of Newcastle and Gateshead clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population is made up of a higher than average proportion of patients of working age, with 75.8% of patients belonging to this group. Given its location in central Newcastle, close to two universities and student accommodation, students account for approximately a quarter of all patients registered at the surgery.

The main surgery was open from 7am to 8pm Monday to Wednesday, 7am to 5pm on Thursday and from 7am to 6.30pm on Friday. The branch surgery was open 8am to 6.30pm on Monday, 7am to 7pm on Tuesday, 7am to 6.30pm on Wednesday and Friday, and 8am to 1pm on Thursday.

Appointment availability times at the main surgery varied. Consultations began from 8:20 or 8:30am with GPs and from as early as 7am with the nurses or health care assistant 4 days per week. Monday to Wednesday consultations with the clinical team were as late as 7:40pm. Consultations with GPs were until 11:30am on a Thursday, with nurse and healthcare assistant appointments available until 4:30pm. On Friday appointments were available with GPs until 4:40pm.

Consultations with the clinical team branch surgery also varied and began from as early as 7am on a Tuesday. There were appointments available as late as 6:05pm on a Tuesday and appointment availability until 12:15pm on a Thursday.

Detailed findings

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 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)

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 13 October 2015.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff we spoke to told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Significant events were discussed at weekly team meetings and monthly managers' meetings.

All complaints received by the practice were logged on a spreadsheet and automatically treated as a significant event. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Action was taken to improve safety in the practice. For example, a miscommunication with a patient who was deaf had led to an alert being placed on patient notes to highlight visual or auditory impairments, and staff had received deaf awareness training.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. Safety alerts were received by the practice manager then discussed with GPs and the pharmacy team before being cascaded to relevant staff. The practice used the Safeguard Incident and Risk Management System (SIRMS) eForm to report patient safety incidents. This system enables staff to flag up any issues via their surgery computer to a central monitoring system so that the local Clinical Commissioning Group (CCG) can identify any trends and areas for improvement.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- 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 an up to date fire risk assessment and regular fire drills were carried out. 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, including emergency drugs 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 Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed that 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 checks through the Disclosure and Barring Service.
- 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.

However, there were areas where the practice could improve:

- A notice was displayed in the waiting room of the main surgery advising patients that nurses or reception staff would act as chaperones, if required. However, there was no such poster on display in the waiting room at the branch surgery on the day of our inspection. All staff who acted as chaperones had received a disclosure and barring service (DBS) check but had not received

Are services safe?

appropriate training for the role. (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).

- We observed the premises to be mostly clean and tidy. However, appropriate standards of cleanliness and hygiene were not always followed. At the branch surgery there were three chairs in the waiting room which were split and the padding inside visible. This would make them difficult to clean. The flooring was torn and split in one of the treatment rooms thereby making this area also difficult to clean. At the main surgery there was a patient toilet where the porcelain bowl was stained. Cleaning rotas we saw showed the toilets were cleaned on a daily basis. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, audits we saw had not identified the issues we found. The senior nurse practitioner was the infection control lead who 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 training within the last three years.
- The temperature logs for two refrigerators used for the storage of vaccines showed that on several occasions in the past two months temperatures had briefly been recorded as being either too high or too low. Vaccines need to be stored at between +2 and +8 degrees Celsius to ensure their efficacy. The logs showed temperature spikes as high as +17 degrees Celsius or as low as zero. On each occasion the breach of temperature range had been brief and had returned to within the acceptable range when rechecked five minutes later. The temperature logs had prompts for staff to inform the practice manager if temperatures were out of range. However, staff had not documented whether they had informed the practice manager of this. The refrigerators both had additional thermometers fitted in order to corroborate the temperatures recorded by the in-built thermometers, whilst one also had a third temperature data-logging device fitted. Each of the devices was recording different temperatures, meaning the true internal temperature of the fridges was unclear. We observed that when staff removed vaccines from one of the fridges, the back-up thermometer for that fridge

recorded a temperature rise to +10 degrees Celsius, while the in-built thermometer remained at +5 degrees Celsius. Staff were also unclear which thermometer they should be using to record temperatures on the temperature log, meaning a different device was being used each time.

- A risk assessment had been carried out for legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) This had determined in July 2015 that the practice should change their boiler to reduce the risk of legionella infection, but had not yet been acted upon by the time of our inspection. However, following the inspection the practice have since informed us that they had ordered a new boiler.

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. All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. 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.
- On the day of the inspection we were unable to access a locked room which had signs on the door indicating oxygen and emergency medicines were kept inside. Staff were unable to unlock the door but reported that no medical supplies were stored in the room. We raised this with the practice management who said that the signs would be removed.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Hard copies were kept in fire-retardant containers on site and a digital copy was saved in a shared internet file.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. They had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.9% of the total number of points available, with 12.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 11 clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following an audit on Cefalexin they had reduced the number of prescriptions issued by the practice. (Cefalexin is part of a group of medicines that are associated with Clostridium Difficile (C. Difficile) infection. C. Difficile is a bacterial infection which can cause diarrhoea and vomiting.)

Effective staffing

Staff had 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 safeguarding, fire safety, health and safety and confidentiality.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that 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 practice employed a member of staff solely to complete student registrations in order to reduce the workload of reception staff at the start of the academic year.

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 and their intranet 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.

Staff worked together and 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. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. The practice also held an annual meeting with clinical staff at the Student Wellbeing Service at Newcastle University.

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 of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were

Are services effective?

(for example, treatment is effective)

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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 and people with learning difficulties. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice and invited for health checks.

Sexual health information was on display in a discreet public area of the surgery. This included condoms which were free for patients to take.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical

screening programme was 81%, which was similar to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.9% to 100% and five year olds from 93.2% to 96.2%. Flu vaccination rates for the over 65s were 75%, and at risk groups 53%. These were comparable to 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. There were also appointments set aside specifically for patients with diabetes or Chronic Obstructive Pulmonary Disease (COPD).

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. Patients attending at the reception desk and on the telephone 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 and said they could offer them a private room to discuss their needs.

All of the 12 patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent 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 of our inspection. They also told us they were satisfied with the care provided by the practice and said when they attended as patients their dignity and privacy was respected.

Results from the National GP Patient Survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was mostly in line with Clinical Commissioning Group (CCG) and national averages for their satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 84.8% said the GP gave them enough time compared to the CCG average of 88.3% and national average of 86.8%.
- 87.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and national average of 81.5%.
- 82.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and national average of 85.1%.

- 94.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and national average of 90.4%.
- 92.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87.2% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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, and results were in line with local and national averages. For example:

- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and national average of 81.5%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. Patients were asked if they were carers when registering and also opportunistically during appointments. The practice worked with third-party organisations such as the local Carers Centre to offer them support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at their home 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

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, through the Practice Engagement Scheme they offered reviews and health education to patients admitted to hospital with a sudden worsening of symptoms related to Chronic Obstructive Pulmonary Disease (COPD) in the past 12 months.

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

- The practice offered appointments for working patients and students who could not attend during normal opening hours. The main surgery opened at 7am from Monday to Friday. It stayed open until 8pm on Monday, Tuesday and Wednesday and until 6.30pm on a Friday. The branch surgery was open until 6.30pm on Monday, Wednesday and Friday and 7pm on Thursday. They opened at 7am on Tuesday, Wednesday and Friday.
- Appointment availability times at the main surgery varied. Consultations began from 8:20 or 8:30am with GPs and from as early as 7am with the nurses or health care assistant 4 days per week. Monday to Wednesday consultations with the clinical team were as late as 7:40pm. Consultations with GPs were until 11:30am on a Thursday, with nurse and healthcare assistant appointments available until 4:30pm. On Friday appointments were available with GPs until 4:40pm.
- Consultations with the clinical team branch surgery also varied and began from as early as 7am on a Tuesday. There were appointments available as late as 6:05pm on a Tuesday and appointment availability until 12:15pm on a Thursday.
- There were longer appointments available for people with a learning disability and those who required the use of an interpreter.
- Home visits were available for older patients / patients who would benefit from these. Home visits were triaged by a team within the surgery. There was an on-call doctor who was available to make home visits on the day.
- Urgent appointments were available for children and those with serious medical conditions.

- The practice provided an "Access" doctor in addition to the on-call doctor. Their role was to call back any patients who called to request an urgent appointment to assess their condition and arrange an appointment or, if appropriate, signpost to a more convenient service (such as a Health Visitor) if required.
- There were disabled facilities, hearing loop and translation services available at both premises.
- The main surgery was within an older building and the practice had carried out modifications to improve access for patients, such as installing a stair lift to allow patients with impaired mobility to access the first floor.
- The branch surgery provided facilities across one level. The building had level access.
- Links were maintained with the local drug and alcohol service and homeless shelter to ensure information about practice patients attending the service was shared effectively.
- Barriers to registration, such as being homeless or from overseas, had been addressed. Homeless patients were registered using the practice address, while staff told us they had been given extra training on the use of European Health Insurance Cards and the services they cover.
- There were additional appointments made available for patients with diabetes or COPD.
- The practice worked with Involve North East, who are an agency who facilitate registration of students with GP practices. The practice attended events during Freshers' Week at both Newcastle University and Northumbria University to encourage students to register. They also offered health education and gave out health promotional material during these events. The practice also held an annual meeting with clinical staff at the Student Well Being Service at Newcastle University to ensure effective information sharing.

Access to the service

The practice's main surgery was open from 7am to 8pm Monday to Wednesday, 7am to 5pm on Thursday and from 7am to 6.30pm on Friday. The branch surgery was open 8am to 6.30pm on Monday, 7am to 7pm on Tuesday, 7am to 6.30pm on Wednesday and Friday, and 8am to 1pm on Thursday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Appointments could also be booked online by patients who registered for that service. Patients we spoke to on the day were able to obtain appointments when they needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to, and in some cases higher than, local and national averages. For example:

- 72.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 75.7%.
- 87.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.5% and national average of 74.4%.
- 86.6% patients described their experience of making an appointment as good compared to the CCG average of 74.2% and national average of 73.8%.
- 68.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.9% and national average of 65.2%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system, for example, a summary leaflet was available in the reception area. Patients we spoke with were not all aware of the exact process to follow if they wished to make a complaint, but stated that they would feel comfortable raising their complaint with staff.

We looked at 23 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency when dealing with the complaint.

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 mission statement, though not all staff knew what it was. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff we spoke with showed they shared these values and they consistently spoke about the care of patients being their main priority.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Named members of staff took on lead roles. For example, one GP partner led on infection control, another GP led on safeguarding.
- There were allocated clinical leads for key long term conditions.

- The practice gained patients' feedback and engaged patients in the delivery of the service.
- The practice acted on any concerns raised by both patients and staff.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback, patients no longer heard an automated menu when they called the practice. The practice employed switchboard operators who handled incoming calls.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they did not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, as well as monthly managers' meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every three months. Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they felt involved and engaged to improve how the practice was run.