Dr Somesh Chander

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	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the provider Dr Somesh Chander on 23 June 2015. Overall, the practice is rated as requires improvement.

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

- The arrangements for governance and performance management did not always operate effectively.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Although the practice reviewed when things went wrong, lessons learnt were not communicated and so safety was not improved. They could not demonstrate to us they had used reviews of significant events and other incidents and complaints to ensure they improved outcomes for patients.
- Patients were at risk of harm as weaknesses in practice systems and processes did not ensure patient safety. For example, the practice did not have appropriate equipment in place to provide treatment to patients in a medical emergency. The recruitment processes were not safe. There were no assurance systems in place to confirm cleanliness and infection control procedures were effective.
- The practice had scored 91.0% for the year 2013/14 on clinical indicators within the quality outcomes framework (QOF). Although slightly below, this was in line with both the local Clinical Commissioning Group (CCG) and England averages.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment;
- Patients said they found it easy to make an appointment and urgent same-day access was available;
- The practice had recently identified staff training was not well structured, and this had led to gaps in training programmes for staff. They had identified improvements to the mandatory training programme and appraisal process to address this.

Summary of findings

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

Importantly, the provider must:

- Ensure there are appropriate arrangements in place to effectively govern the practice and provide assurances about the quality and safety of the practice. This includes reviewing systems and processes in place to assess and monitor the quality of the service, and ensure there are sufficient systems in place to identify, assess and manage the risks relating to the health, welfare and safety of patients using the service.
- Put in place appropriate arrangements to maintain a clean environment, and assess the risk, detect, prevent and control the spread of infections.
- Ensure there is appropriate equipment to provide treatment to patients in a medical emergency.
- Establish and maintain appropriate recruitment procedures and maintain records for each person employed containing the information as set out in schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure there are appropriate opportunities for staff to update their skills and knowledge and have access to support and professional development by means of regular appraisals.

In addition the provider should:

- Ensure that blank prescriptions are recorded in accordance with national guidance to reduce the risk of theft or misuse.
- Make sure there are arrangements in place for those patients who wish to see a female GP.
- Ensure there is a formal business plan in place to clearly set out the strategy for the practice and to determine how the practice operates, detailing the plans for monitoring and improving the quality of the service.
- Initiate a discussion regarding succession planning to ensure the sustainability of the practice into the future.
- Risk assess the impact of providing services across two sites, and in particular the arrangements for dealing with a medical emergency when there is no GP within the practice location but it remains open to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were clear about reporting incidents, near misses and concerns. However, no reports had been made recently. Although the practice reviewed when things went wrong, lessons learnt were not communicated and so safety was not improved. Patients were at risk of harm as weaknesses in practice systems and processes did not ensure patient safety.

Medicines were managed safely within the practice. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, record safeguarding concerns and contact the relevant agencies.

The practice did not have safe procedures for recruiting staff. They had identified health and safety within the practice as an area for improvement but had yet to put an action plan in place to address this. There were improvements identified in the fire risk assessment undertaken in 2014 the practice had yet to address. There was no business continuity plan in place to help the practice plan for foreseeable emergencies. There was no emergency equipment, such as a defibrillator or oxygen, available at the branch surgery at Boldon Colliery. There was no oxygen available at Flagg Court Health Centre. Both the main surgery and branch were clean, but there was no assurance systems in place to confirm cleanliness and infection control procedures were effective.

Are services effective?

Requires improvement

The practice is rated as requiring improvement for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing in line with the average for neighbouring practices and England. We found the practice was supporting people to live healthier lives through health promotion and prevention of ill health. There was good evidence of how the practice worked with other healthcare professionals, and involved patients in decisions about their care, to improve health outcomes.

There were gaps within staff training and development, including the mandatory training programme and appraisal process.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with or 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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requiring improvement for providing responsive services. The practice had a good understanding of the needs of their patients. Improvements were identified regarding the use of interpreting services within the practice. The practice had not undertaken an assessment of access to their services to make sure they were meeting their legal obligations to take reasonable steps to make their services available to disabled people in line with the Equality Act 2010. However, there was evidence to demonstrate the practice had made reasonable adjustments to ensure patients could access the service.

National GP Survey results relating to access and responsiveness of the service were very good. 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. Comprehensive information was available to patients about appointments on the practice website. The practice had a system in place for handling complaints and concerns. However, there was little evidence to demonstrate the practice used learning from complaints to improve the service offered.

The only GP within the practice was male and there were no alternative arrangements available for those patients who wished to see a female GP. The practice had not considered the risks of a single GP working across two practice locations, if a medical emergency happened in one location whilst the GP was at the other.

Are services well-led?

Requires improvement

The practice is rated as requiring improvement for providing well-led services. The practice told us the vision for the practice was to be a family practice. There was not a clear strategy in place to demonstrate how the practice intended to continue to achieve this aim. There were concerns about the sustainability of the practice over a longer term, but there was no plan in place to address this and no succession planning in place.

Summary of findings

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of governance arrangements, the strategy plans or the information the practice used to monitor performance.

Staff told us the practice had gone through a difficult period with changes to the practice manager. However, they felt hopeful the new practice manager would identify and address any concerns. They told us they felt well supported by the new practice manager and the lead GP, and felt they could raise any issues or concerns they had. They told us they felt they worked well together as a close knit team and the practice manager had integrated well with the team since taking up the post.

The practice had a number of policies and procedures to govern activity.

The practice could not demonstrate to us they had used reviews of significant events and other incidents and complaints to ensure they improved outcomes for patients.

The practice proactively sought feedback from staff and patients, which they acted on. Staff had attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requiring improvement for the care of older people. There were aspects of the practice which were rated as requires improvement and these related to all population groups.

Nationally reported data showed that outcomes for patients were in line with comparators 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 had a range of enhanced services, for example, in offering immunisations against influenza and pneumococcal infection. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requiring improvement for the care of people with long-term conditions. There were aspects of the practice which were rated as requires improvement and these related to all population groups.

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. 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.

Families, children and young people

Requires improvement

The practice is rated as requiring improvement for the care of families, children and young people. There were aspects of the practice which were rated as requires improvement and these related to all population groups.

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 in line with local averages for all standard childhood immunisations. For example, Infant Men C vaccination rates for two year old children were 100.0% compared to 98.8% across other local practices; and for five year old children were 100.0% compared to 98.5% across other local practices.

Summary of findings

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 and health visitors. Cervical screening rates for women aged 25-64 were slightly above the national average at 89.7%, compared to 81.9%

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requiring improvement for the care of working-age people (including those recently retired and students). There were aspects of the practice which were rated as requires improvement and these related to all population groups.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. For example they provided appointments outside normal working hours. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requiring improvement for the care of people whose circumstances may make them vulnerable. There were aspects of the practice which were rated as requires improvement and these related to all population groups.

The practice held a register of patients living in vulnerable circumstances including those who misuse substances and those with a learning disability. Patients with a learning disability were offered an annual health check. The practice offered longer appointments for those who required them.

The practice had ensured vulnerable patients knew 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requiring improvement for the care of people with poor mental health (including patients with dementia). There were aspects of the practice which were rated as requires improvement and these related to all population groups.

Summary of findings

The practice held a register of patients experiencing poor mental health and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in case management of people experiencing poor mental health, including those with dementia.

The practice had ensured patients experiencing poor mental health were aware of how to access various support groups and voluntary organisations including MIND and SANE. They had systems in place to follow up patients who had attended Accident and Emergency (A&E).

Summary of findings

What people who use the service say

We spoke with six patients during the inspection. This included two patients from the practice Patient Participation Group (PPG).

Patients told us staff were friendly, and treated them with dignity and respect. Also, when they saw clinical staff, they felt they had enough time to discuss the reason for their visit and staff explained things to them clearly in a way they could understand. Patients told us they could get an appointment easily, and this was always quickly if there was an urgent need. Patients told us they were generally happy with the appointments system.

We reviewed 64 Care Quality Commission (CQC) comment cards completed by patients prior to the inspection. This included 25 collected at The Surgery in Boldon Colliery and 39 collected at Flagg Court Health Centre. The majority of these commented positively on the practice, staff and the care and treatment offered. In particular, patients commented how helpful, caring and good the GP was. Also how helpful and friendly the team at the practice were. Words used to describe the practice and their staff included 'good', 'friendly', 'caring', 'respectful' and 'attentive'

Two comment cards included negative feedback about the practice. However, there were no key themes to the concerns raised.

The latest GP Patient Survey published in 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 91.5%), this was higher than the local Clinical Commissioning Group (CCG) average (at 90.6%) and England average (at 85.2%).

The three responses to questions where the practice performed the best when compared to other local practices were:

- 92% of respondents usually wait 15 minutes or less after their appointment time to be seen (compared to Local CCG average of 75%)
- 77% of respondents with a preferred GP usually get to see or speak to that GP (compared to Local CCG average of 61%)
- 94% of respondents describe their experience of making an appointment as good (compared to Local CCG average of 80%)

The three responses to questions where the practice performed least well when compared to other local practices were:

- 80% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments (compared to Local CCG average of 90%)
- 81% of respondents say the last GP they saw or spoke to was good at treating them with care and concern (compared to Local CCG average of 90%)
- 87% of respondents say the last GP they saw or spoke to was good at listening to them (compared to Local CCG average of 93%)

These results were based on 131 surveys that were returned from a total of 391 sent out; a response rate of 34%.

Areas for improvement

Action the service MUST take to improve

- Ensure there are appropriate arrangements in place to effectively govern the practice and provide assurances about the quality and safety of the practice. This includes reviewing systems and processes in place to assess and monitor the quality of the service, and ensure there are sufficient systems in place to identify, assess and manage the risks relating to the health, welfare and safety of patients using the service.
- Put in place appropriate arrangements to maintain a clean environment, and assess the risk, detect, prevent and control the spread of infections.
- Ensure there is appropriate equipment to provide treatment to patients in a medical emergency.

Summary of findings

- Establish and maintain appropriate recruitment procedures and maintain records for each person employed containing the information as set out in schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure there are appropriate opportunities for staff to update their skills and knowledge and have access to support and professional development by means of regular appraisals.

Action the service SHOULD take to improve

- Ensure that blank prescriptions are recorded in accordance with national guidance to reduce the risk of theft or misuse.
- Make sure there are arrangements in place for those patients who wish to see a female GP.
- Ensure there is a formal business plan in place to clearly set out the strategy for the practice and to determine how the practice operates, detailing the plans for monitoring and improving the quality of the service.
- Initiate a discussion regarding succession planning to ensure the sustainability of the practice into the future.
- Risk assess the impact of providing services across two sites, and in particular the arrangements for dealing with a medical emergency when there is no GP within the practice location but it remains open to patients.

Dr Somesh Chander

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, and included a specialist adviser who was a GP.

Background to Dr Somesh Chander

The Dr Somesh Chander practice is located in South Tyneside, and has surgeries in South Shields and Boldon Colliery areas. The practice provides services to around 1794 patients of all ages. The practice provides services from the following addresses, which we visited during this inspection:

- Flagg Court Health Centre, Flagg Court, South Shields, Tyne and Wear, NE33 2LS
- The Surgery, 43 East View, Boldon Colliery, Tyne and Wear, NE35 9AU

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

The practice provides a range of services and clinics, including for example, for patients with asthma, diabetes and heart failure. The practice consists of one GP (who is male), a practice manager, a practice nurse, a healthcare assistant and a small team of administrative and reception staff.

The surgery opening times for Dr Somesh Chander at Flagg Court Health Centre are :

- Monday 9:00 - 6:00
- Tuesday 9:00 - 6:00
- Wednesday 9:00 - 7:00
- Thursday 9:00 - 6:00
- Friday 9:00 - 6:00
- Saturday Closed
- Sunday Closed

The surgery opening times for Dr Somesh Chander at the Surgery, Boldon Colliery are:

- Monday 15:00 - 17:00
- Tuesday 08:30 - 10:30
- Wednesday 08:30 - 10:30
- Thursday 08:30 - 12:00
- Friday 15:00 - 17:00

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Medical Services Limited.

The practice serves an area with higher levels of deprivation affecting children and people aged 65 and over, when compared to the England average. The practice's population includes more patients aged 65 and over, than the average for other practices in England.

The average male life expectancy is 77 years and the average female life expectancy is 81. Both of these are two years lower than the England average. The number of patients reporting a long-standing health condition is higher than the national average (with the practice population at 69% compared to a national average of 54.0%). The number of patients with health-related problems in daily life is higher than the national average (58.3% compared to 48.8% nationally). There are a higher number of patients with caring responsibilities at 20.2%, compared to 18.2% nationally.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. 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). (CCGs are groups of general practices that work together to plan and design local health services in

England. They do this by 'commissioning' or buying health and care services.)

We carried out an announced visit on 23 June 2015. We spoke with six patients and seven members of staff. We interviewed the lead GP, the practice manager, the practice nurse, the healthcare assistant 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 64 CQC comment cards (25 from the Surgery, Boldon Colliery, and 39 from Flagg Court Health Centre) 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. We spoke with manager of a local care home, where the practice provided services to some of the residents.

Inadequate

Are services safe?

Our findings

Safe track record

As part of our planning we looked at a range of information available about the practice. This included information from the latest GP Patient Survey results published in January 2015 and the Quality Outcomes Framework (QOF) results for 2013/14. The latest information available to us indicated there were no areas of concern in relation to patient safety. Our findings during the inspection did not support this.

Although staff were able to verbally describe how they used information to routinely identify risks and improve quality in relation to patient safety, they were unable to provide documentary evidence of this. For example, staff we spoke with, including the GP, practice manager and practice nurse told us they received national patient safety alerts. The practice manager told us they forwarded alerts they received to the staff who needed to see them, however they did not keep a record of alerts received or disseminated.

Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. Staff said there was an individual and collective responsibility to report and record matters of safety. They told us incidents of safety were discussed and learning was approached with an open culture. However, staff were unable to recall any recent incidents or tell us about any changes implemented as a result of learning within the last year.

In preparation for the inspection we asked the practice to provide a summary of any serious adverse events for the last 12 months, action taken and how learning was implemented. The practice did not provide this information. We asked for this information during the inspection. The practice manager, who had started seven weeks prior to the inspection, was unable to provide us with this information. She told us they had identified two such incidents in the weeks since they came into post and planned to progress these through the significant events process. This had not yet done this. We spoke with the GP about significant events; he shared details with us of three he had identified as part of preparation for his appraisal. However these had not been shared with staff in the practice.

The practice did not demonstrate to us they had managed safety incidents consistently over time or evidence a safe track record. We found that arrangements to manage patient safety and evidence a safe track record were not robust and further development was required to ensure the practice could demonstrate a safe track record over the long term.

Learning and improvement from safety incidents

While the practice had a process in place for reporting events, incidents and accidents, it was evident the system did not effectively consider in enough detail the potential learning from these to lead to continuous improvement in patient safety.

We looked at records of incidents recorded by the GP that had been logged over the last year, of which there were three in total. We spoke with staff, including the practice manager, the practice nurse and administrative staff who all described the same reporting process to us. The process was to report all events, incident and accidents to the practice manager or the lead GP if the practice manager was unavailable. They told us managers within the practice discussed each incident and documented the outcome of the significant event and learning identified on the significant events template. However, they were unable to demonstrate this process was followed through the records they provided or by giving us example of recent significant events.

For those events recorded, there were notes referring to actions to be taken, but there was no evidence provided to us to show that significant events were analysed over time or that the effectiveness of learning actions had been reviewed.

We found the analysis and identified learning focussed on personal development for the GP. There was no evidence of learning from events being shared with staff or the patients involved. For example, one of the incidents related to a violent patient when the GP was covering for another single handed GP. The GP had discussed incidents with other GPs in the locality to review the incident, but there was no evidence to confirm identified learning led to improvements for the practice.

Inadequate

Are services safe?

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We saw evidence the GP had received the relevant level of training for safeguarding children (Level 3).

We asked members of medical, nursing and administrative staff about their most recent training. All said they had received training, but were uncertain when this had taken place. We looked at a selection of staff records and saw whilst some staff had documented certificates for training in safeguarding adults and children, for other staff members there was no evidence training had taken place. We spoke with the practice manager about this. She was unable to provide any further evidence to demonstrate staff had attended relevant training. She said most had probably attended training provided by the local Clinical Commissioning Group, but there was no evidence to confirm this. She confirmed safeguarding of vulnerable adults, children and young people would form part of the mandatory training going forward, but the practice had yet to develop action plans to ensure this was in place or planned for all staff.

Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, record safeguarding concerns and contact the relevant agencies in working hours and out-of-normal hours. Contact details were easily accessible within the practice policies.

Staff were unclear who the lead was for safeguarding of children and vulnerable adults, but said they would speak to the practice manager or GP if they had a concern. Staff were able to give a recent example where they had taken action in relation to a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example, children subject of child protection plans or looked after children.

The practice also had systems to monitor babies and children who failed to attend for health checks, childhood immunisations, or who had high levels of attendances at accident and emergency departments (A&E).

There was a chaperone policy, which was available in the practice manager's office. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We saw this service was also advertised in the waiting room and consulting rooms. Clinical and reception staff acted as a chaperone. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Not all staff who undertook a chaperone service had been subject to a police records check, known as a disclosure and barring (DBS) check.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals.

Medicines management

We checked vaccines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a process for checking medicines were kept at the required temperatures and this was being followed by the practice staff. This ensured the medicines in the fridges were safe to use.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. This included the supply of emergency medicines kept by the practice. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directions and evidence that nurses had received appropriate training to administer vaccines.

Patients were able to order repeat prescriptions using a variety of ways such as by telephone, online and by post. The practice website provided patients with helpful advice about ordering repeat prescriptions. Staff knew the processes they needed to follow in relation to the authorisation and review of repeat prescriptions. We observed reception staff dealing effectively with requests for repeat prescriptions.

Are services safe?

A system was in place which helped to ensure patients who were receiving prescribed medicines were regularly reviewed. The GP we spoke with told us these reviews were carried out at least annually.

We spoke with staff about the security of blank prescription forms. They showed us blank prescriptions were stored in a locked room. There was no process in place to record and monitor stock. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock'. The recording and audit trail of blank prescriptions was poor and there was a risk that any theft or misuse of prescriptions would be undetected.

Cleanliness and infection control

We observed both premises from which services were provided were clean and tidy. Hand hygiene techniques signage was displayed throughout the practice. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Our findings did not support this and we found there were concerns in a number of areas.

In Flagg Court Health Centre, maintenance and cleaning of the building was provided by NHS Property Services. The practice was unable to provide any evidence they had assured themselves of the quality and robustness of cleaning carried out. They did not carry out checks on the cleanliness of the building on a regular basis. They provided a copy of the cleaning schedule, which set out the cleaning tasks and frequency of these at Flagg Court Health Centre, following the inspection.

The practice arranged the cleaning of The Surgery, Boldon Colliery. A cleaner attended once per week to clean the surgery. Staff confirmed there was no cleaning schedule in place which set out the cleaning tasks to be undertaken and the frequency of these tasks. They told us the cleaner had a list which set out the type of cleaning solutions to use for different areas of the practice. There was one mop in the premises and this was used to clean all hard floor areas in the practice, including sanitary areas, such as toilets, and clinical areas, such as the treatment room. This was contrary to guidance issued by the National Patient Safety Agency in the 'National specifications for cleanliness: primary medical and dental premises'.

The practice had a protocol for the management of clinical waste and a contract was in place for its safe disposal. Practice staff, including the practice manager and practice nurse, said they were not aware whether the practice had completed a healthcare waste pre-acceptance audit. They were unable to provide a copy of this for either of their locations.

The clinical rooms we visited across both locations contained personal protective equipment such as latex gloves, and there were paper covers and privacy screens for the consultation couches. Spillage kits were available to enable staff to deal safely with any spills of bodily fluids. Written instructions were in place informing staff how to do this. Sharps bins were available in each treatment room to enable clinicians to safely dispose of needles. The bins had been appropriately labelled and dated, but had not been initialled to provide an audit trail of who had constructed them. The treatment rooms also contained hand washing sinks, antiseptic gel and hand towel dispensers to enable clinicians to follow good hand hygiene practice.

The practice nurse told us she regularly cleaned equipment used in providing care and treatment to patients. For example, she kept a regular log of when she cleaned equipment such as the spirometer (an instrument for measuring the air capacity of the lungs).

There was limited evidence that staff had attended infection control training in the staff training records we looked at. Some staff had attended training provided by the local Clinical Commissioning Group (CCG). However, for some staff there was no evidence they had attended training relating to infection control. For example, there was no evidence the practice nurse had attended training of this type. We spoke with the practice manager and practice nurse. Both told us they intended to incorporate infection control training into induction for new staff and as mandatory update training for existing staff. However, there was no evidence to demonstrate planning was underway to implement this.

We asked the practice manager and the practice nurse, who was the lead for infection control, if they could show us any evidence to demonstrate the provider had completed any infection prevention and control audits or monitoring activity. They both told us the practice had not undertaken checks of this type.

The practice confirmed they did not have a legionella risk assessment in place for the surgery at Boldon Colliery. (Legionella is a bacterium that can grow in contaminated

water and can be potentially fatal). Staff told us they took some action to reduce the risk of legionella by turning on and running all taps within the practice each week. However, no record of this action was recorded and kept as evidence.

Equipment

Staff had access to most of the equipment they needed to carry out diagnostic examinations, assessments and treatments. Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of the calibration of relevant equipment; for example, weighing scales and blood pressure machines displayed stickers indicating when the next testing date was due.

Staffing and recruitment

The practice did not have safe procedures for recruiting staff. Records were not maintained to demonstrate the provider recruited staff that were of good character, had the relevant qualifications, competence, skills and experience necessary and were capable of carrying out the role for which they were employed.

For example there was no record kept of the recruitment of the practice manager who had recently been employed. There was no proof of identity, references from previous employers, records of qualifications, or criminal records check through the Disclosure and Barring Service (DBS). We looked at records for three other staff members and we found some or all of these documents were also missing with no full recruitment record kept for any staff member. There was evidence the Healthcare Assistant had been subject to a DBS check in 2009 but there was no evidence one had been carried out for the practice nurse.

The practice manager and GP told us they used locums to cover GP sessions for leave or other GP absences. There were no records maintained to show locums were appropriately recruited.

The practice manager routinely checked the professional registration status of the GP and nurse (for GPs this is the General Medical Council (GMC) and for nurses this is the Nursing and Midwifery Council) each year to make sure they remained fit to practice. We saw records which confirmed these checks had been carried out.

Monitoring safety and responding to risk

The practice had recognised they needed to make improvements to their health and safety arrangements. They had contracted a company to support them in improving this. A chartered health and safety practitioner visited Flagg Court Health Centre on 8 June 2015 and the surgery at Boldon Colliery on 15 June 2015 to assess the arrangements. The reports from these visits identified a number of areas of improvement for the practice. The practice received the reports from these visits on the day of the inspection, so had not yet taken action to address the concerns.

A fire risk assessment had been conducted on 14 March 2014 at the Surgery, Boldon Colliery. The practice had undertaken some of the remedial work identified but not all.

There was evidence fire drills were carried out at Flagg Court Health Centre, but there was no evidence to demonstrate these were carried out at the Surgery, Boldon Colliery.

Arrangements to deal with emergencies and major incidents

The practice manager and lead GP confirmed there was no up-to-date business continuity plan for dealing with a range of potential emergencies that could impact on the day-to-day operation of the practice. The practice had not recognised, assessed or managed the risks associated with anticipated events and emergency situations.

The practice had not risk assessed the need for emergency equipment at both the main surgery and branch. There was a shared defibrillator at Flagg Court Health Centre, which was maintained by NHS Property Services on behalf of all practices based there. Practice staff were unsure if it was adequately maintained and serviced. We confirmed it was during the inspection. The practice did not know if there was any emergency oxygen on site which they could use. Although we confirmed there was oxygen available at other practices on site at Flagg Court Health Centre, the practice were unclear where this was or if they could access it an emergency. At the Surgery at Boldon Colliery there was no emergency oxygen or defibrillator available.

Emergency medicines were stored securely so that only relevant staff could access them. They included, for example, medicines for the treatment of a life-threatening allergic reaction and emergency oxygen. Arrangements

Inadequate

Are services safe?

were in place for emergency medicines to be checked regularly to make sure they were within their expiry date and suitable for use. All the medicines we checked were in date.

Staff had received training in cardio-pulmonary resuscitation (CPR).

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff we spoke with were able to clearly explain why they adopted particular treatment approaches. They were familiar with current best practice guidance, and were able to access National Institute for Health and Care Excellence (NICE) guidelines via the practice IT system. For example, the clinical audits we looked at contained evidence that the GP involved had been aware of changes in NICE guidance and patient safety alerts, and had ensured these were taken into account when reviewing the treatment patients had received.

From our discussions with clinical staff we were able to confirm they completed thorough assessments of patients' needs which were in line with NICE guidelines. Patients' needs were reviewed as and when appropriate. For example, we were told that patients with long-term conditions such as COPD (chronic obstructive pulmonary disease) were invited into the practice to have their condition and any medication they had been prescribed reviewed for effectiveness.

Clinical staff had access to a range of electronic care plan templates and assessment tools which they used to record details of the assessments they had carried out and what support patients needed.

The clinical staff we spoke with were very open about asking for and providing colleagues with, advice and support. There was evidence the GP sought advice and guidance from other local GPs.

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2013/14 showed the practice had achieved 91.0% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. Although slightly below, this was in line with both the local Clinical Commissioning Group (CCG) and England averages. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

Patients we spoke with said they felt well supported by the GPs and nursing staff with regards to making choices and decisions about their care and treatment. This was also reflected in the comments made by patients who completed Care Quality Commission (CQC) comment cards. Interviews with the GP and practice nurse demonstrated the culture in the practice was that patients were referred to relevant services on the basis of need. Discrimination was avoided when making care and treatment decisions. Patients were referred on need and age, sex or race were not taken into account in this decision-making unless there was a specific clinical reason for this.

Management, monitoring and improving outcomes for people

We reviewed a range of data available to us prior to the inspection relating to health outcomes for patients. These demonstrated that the practice was performing the same as average, when compared to other practices in England.

The practice had a system in place for completing clinical audit cycles. The practice showed us a sample of three of the clinical audits undertaken within the last year. For one of these audits, changes to treatment or care were made where needed and the audit had been repeated to ensure outcomes for patients had improved. The other audits were not completed full audit cycles. The GP had discussed the results of the first audit about antibiotic prescribing with the CCG pharmacist and had re-audited this in March 2015 where improvements were found. The practice maintained records showing how they had evaluated the service and documented the success of any changes.

The practice provided us with a list of other audits and data collections they had undertaken to give reassurance in relation to the prescribing of medicines. For example, audits of the prescribing and use of salbutamol inhalers; prescribing of drugs with low clinical value; and, gastrointestinal referrals under the urgent two week pathway for suspected cancer.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, the practice was undertaking regular reviews of patients with diabetes for known risk factors. The practice achieved all available points in QOF for the management of long term conditions such as asthma, chronic obstructive pulmonary disease (lung disease) and dementia.

The practice had systems in place to identify patients, families and children who were most at risk or vulnerable. For example, practice staff told us that they had a register

Requires improvement

Are services effective?

(for example, treatment is effective)

of patients who had a learning disability and also those with poor mental health. They also told us that annual health checks were carried out for patients on these registers. QOF data demonstrated that registers were in place and that patients were having their health needs assessed on a regular basis.

The practice had care plans for those identified at most risk of poor or deteriorating health. This was delivered as part of an enhanced service provided by the practice. This included care plans for patients with long-term conditions who were most at risk of deteriorating health and whose conditions were less well controlled; for the most elderly and frail patients and those with poor mental health. These patients all had a named GP or clinical lead for their care. All patients over the age of 75 had been informed of their named GP.

Nationally reported QOF data for 2013/14 showed the practice had recorded the smoking status of 86.3% of eligible patients aged over 15. This was 0.1% above the CCG average and 0.3% above the England average.

Nationally reported QOF data for 2013/14 showed the practice had protocols that were in line with national guidance. This included protocols for the management of cervical screening, and for informing women of the results of these tests. The data showed that the records of 89.7% of eligible women, aged between 25 and 65 years of age, contained evidence they had had a cervical screening test in the preceding five years. (This was 8.4% above the local CCG average and 7.8% above the England average.)

The QOF data also showed 95.1% of eligible women, aged 54 or under, who were prescribed an oral or patch contraceptive method had received appropriate contraceptive advice during the previous 12 months. (This was 1.7% above the local CCG average and 5.7% above the England average.) The practice also performed well in relation to the provision of maternity services with achievement of 100% of points available.

The practice offered an enhanced service to the local linked care home. They undertook weekly phone calls with care home staff to help them meet the healthcare needs of residents.

There was a protocol for repeat prescribing which was in line with national guidance. In accordance with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP.

Staff checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The evidence we saw confirmed that the GP had oversight and a good understanding of the best treatment for each patient's needs.

Effective staffing

We spoke with the practice manager, who was new in post, about training available for staff. The practice manager told us a range of training had been made available by the CCG to help staff update their knowledge and skills. However, it had recently been identified that staff training was not well structured, and this had led to gaps in training programmes for staff. The practice planned to introduce a programme of mandatory training to ensure staff received the training they need. We saw not all staff had received training in areas such as infection control, health and safety and equality and diversity. The practice manager told us these would form part of the mandatory training for all staff. However, this had not yet been planned or implemented. Similarly there was no induction process in place for new starters or locum staff.

The GP was up to date with yearly continuing professional development requirements and had undergone revalidation in 2013. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).).

We looked at the practice staff rotas. Holidays, study leave and sickness were covered in-house wherever this was possible. Although administrative and support staff had clearly defined roles, they were also able to cover tasks for their colleagues in their absence. This helped to ensure the team were able to maintain the needed levels of support services at all times.

Working with colleagues and other services

The practice worked closely with other health and social care providers, to co-ordinate care and meet patients' needs. They received blood test results, x-rays results, and letters from the local hospital including discharge summaries, out of hour GP services and the 111 service both electronically and by post. The practice had a policy outlining responsibilities for all relevant staff in passing on, reading and acting on any issues arising from these

Requires improvement

Are services effective?

(for example, treatment is effective)

communications. Out of hours reports, 111 reports and pathology results were all seen and actioned by the GP within 24 hours of receipt. Discharge summaries and letters from out-patients were usually seen and actioned by the GP on the day of receipt and all within five days of receipt. All staff we spoke with understood their roles and felt the system worked well.

Emergency admission rates were similar to the expected rates for the population size. The practice was commissioned for the unplanned admissions enhanced service and was in the process of implementing arrangements to monitor and manage this. (Enhanced services require an enhanced level of service provision above what is normally required under care GP contracts.)

The practice held multi-disciplinary team meetings monthly to discuss the needs of patients with complex care and treatment requirements. For example, those with multiple long term conditions, people from vulnerable groups, poor mental health, those with end of life care needs and children subject of child protection plans. This meeting was attended by the GP, the practice nurse, the practice manager, district nurses, health visitors, and talking therapies team. This helped to share important information about patients including those who were most vulnerable and high risk. Care plans were in place for the patients with complex needs and shared with other health and social care workers as appropriate.

We found appropriate end of life care arrangements were in place. The practice maintained a palliative care register. We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out-of-hours provider and the ambulance service.

The practice linked to a local care home. They contacted the home weekly to discuss the care and treatment needs of any residents and to keep up to date with any changes, such as new residents admitted to the home. This helped to share important information about patients including those who were most vulnerable and high risk.

We spoke with the staff from this service, who told us communication between the practice and the staff at the care home was good. They told us the practice was responsive to requests for information, home visits and appointments. They told us they had a good working relationship with the practice.

Information sharing

An electronic patient record was used by all staff to coordinate, document and manage patients' care. A member of the reception team told us all staff were fully trained in using the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference

Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use and patients welcomed the ability to choose their own appointment dates and times.

Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act (MCA) 2005 and their duties in relation to this. The clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. Decisions about, or on behalf of patients who lacked mental capacity to consent to what was proposed, were made in their best interests and in line with the MCA 2005. The GPs described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. The manager of the local care home linked to the practice we spoke with, told us they felt the GP had demonstrated a good grasp on issues relating to consent during visits to the home.

The GP was able to show he was knowledgeable about how and when to carry out Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

There was a practice policy for documenting or obtaining consent for specific interventions. Verbal consent was taken from patients before vaccinations and routine examinations. Patients we spoke with reported they felt involved in decisions about their care and treatment.

Health promotion and prevention

New patients were offered a 'new patient check'. The initial appointment was scheduled with the healthcare assistant,

Requires improvement

Are services effective?

(for example, treatment is effective)

to ascertain details of their past medical histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height and weight). The patient was then offered an appointment with a GP if there was a clinical need, for example, a review of medication.

Information on a range of topics and health promotion literature was available to patients in the waiting areas. This included information about screening services, smoking cessation and child health. Patients were encouraged to take an interest in their health and take action to improve and maintain it.

The practice's website also provided links to other websites and information for patients on health promotion and prevention.

We found patients with long-term conditions were recalled to check on their health and review their medications for effectiveness. 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. Staff told us this system worked well and prevented any patient groups from being overlooked. Processes were in place to ensure the regular screening of patients was completed, for example, cervical screening.

The practice offered a full range of immunisations for children, as well as travel and flu vaccinations, in line with current national guidance. The practice performed similarly to other practices within the local CCG area on rates for a number of child hood vaccinations. For example, Mumps, Measles and Rubella (MMR) vaccination rates for five year old children were 90.0% compared to an average of 97.0% in the local CCG area. Infant Men C vaccination rates for two year old children were 100.0% compared to 98.8% across the CCG; and for five year old children were 100.0% compared to 98.5% across the CCG. The percentage of patients in the 'influenza clinical risk group', who had received a seasonal flu vaccination, was higher at 67.97% than the England average of 52.3%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with six patients during our inspection. They were all happy with the care they received. Patients told us they were treated with respect and were positive about the staff. They told us they would recommend the practice to family and friends. Comments left by patients on the 64 CQC comment cards we received also reflected this. Words used to describe the practice and their staff included 'good', 'friendly', 'caring', 'respectful' and 'attentive'.

We looked at data from the National GP Patient Survey, published in January 2015. This demonstrated that patients were mostly satisfied with how they were treated and that this was with compassion, dignity and respect. We saw that 97.8% (compared to 92.2% nationally) of patients said they had confidence and trust in their GP.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was considerate, understanding and caring, while remaining respectful and professional. Many of the comments on the Care Quality Commission (CQC) comment cards referred to the helpful nature of staff. This was reflective of the results from the National GP Survey where 93.5% of patients felt the reception staff were helpful, compared to a national average of 86.9%.

Patients' privacy, dignity and right to confidentiality were maintained. For example, the practice offered a chaperone service for patients who wanted to be accompanied during their consultation or examination. A private room or area was also made available when people wanted to talk in confidence with the reception staff. We saw staff who worked in the reception areas made every effort to maintain patients' privacy and confidentiality. Voices were lowered and personal information was only discussed when absolutely necessary. This reduced the risk of personal conversations being overheard.

Staff were familiar with the steps they needed to take to protect patients' dignity. Consultations took place in consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations. At Flagg Court Health Centre the waiting area was very small and was very near to treatment and consultation rooms. There was some transference of sound between treatment and consultation rooms and the waiting area. The practice recognised this was an issue. Patients alerted centrally shared reception staff they had arrived and waited in the large waiting room which served all services delivered from the health centre. When the clinician was ready to see them they were invited through to the small waiting area in the practice reception area prior to going into their appointment. This reduced the risk of confidential information being overheard. The practice recognised this was not an ideal situation, but were limited by the confines of the building.

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

Care planning and involvement in decisions about care and treatment

The National GP Patient Survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, and generally rated the practice well in these areas. For example, the survey showed 78.2% of respondents said the GP and 77.8% said the nurse was good at involving them in decisions about their care. This compared to a national average of 74.6% and 66.2% respectively.

78.1% felt the GP and 80.8% felt the nurse was good at explaining treatment and results compared to a national average of 82.0% and 76.7% respectively.

Patients we spoke to on the day of our inspection 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 they wished to receive. The majority of patient feedback on the 64 CQC comment cards we received was also positive and supported these views.

We saw that access to interpreting services was available to patients, should they require it. They said when a patient requested the use of an interpreter, staff could either book an interpreter to accompany the patient to their

appointment or, if it was an immediate need, then a telephone service was available. There was also the facility to request translation of documents should it be necessary to provide written information for patients.

Patient/carer support to cope emotionally with care and treatment

We observed patients in the reception area being treated with kindness and compassion by staff. None of the patients we spoke with, or those who completed CQC comment cards, raised any concerns about the support they received to cope emotionally with their care and treatment.

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 81.1% said their GP or nurse was good at treating them with care and concern (compared to an average for doctors of 82.7% nationally and 87.6% across the local CCG area and an average for nurses of 78.0 nationally and 80.7% across the local CCG area).

We did not see any evidence during the inspection of how children and young people were treated by staff. However, neither the patients we spoke to, nor those who completed CQC comment cards, raised any concerns about how staff looked after children and young people.

We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and support groups.

The practice routinely asked patients if they had caring responsibilities. This was then noted on the practice's computer system so it could be taken into consideration by clinical staff.

Support was provided to patients during times of bereavement. Families were offered a visit from a GP at these times for support and guidance. Staff were kept aware of patients who had been bereaved so they were prepared and ready to offer emotional support. The practice also offered details of bereavement services. Staff we spoke with in the practice recognised the importance of being sensitive to patients' wishes at these times.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a service for all age groups. They covered patients with diverse cultural and ethnic needs and those living in deprived areas. We found the GP and other staff were familiar with the individual needs of their patients and the impact of the local socio-economic environment. Staff understood the lifestyle risk factors that affected some groups of patients within the practice population. We saw the practice provided services to people, where the aim was to help particular groups of patients to improve their health. For example, smoking cessation programmes, and advice on weight and diet.

Staff told us that where patients were known to have additional needs, such as being hard of hearing, were frail, or had a learning disability, this was noted on the medical system. This meant the GP or nurse would already be aware of this and any additional support could be provided, for example, a longer appointment time.

Longer appointments were made available for people who needed them and those with long-term conditions. Patients we spoke with told us they felt they had sufficient time during their appointment. Results of the national GP patient survey published in January 2015 confirmed this. 87% of patients felt the doctor gave them enough time, compared to a local Clinical Commissioning Group (CCG) average of 90.8% and England average of 85.3%. 81.8% felt they had sufficient time with the nurse, with a local CCG average of 82% and England average of 80.2%.

The practice had a well-established Patient Participation Group (PPG). We spoke with two members of the group who said they felt the practice valued their contribution. The practice shared relevant information with the group and ensured their views were listened to and used to improve the service offered at the practice. For example, PPG members told us the practice had implemented on-line appointment booking to make it easier for patients to make appointments.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of their services. For example, opening times had been extended to provide evening appointments on a Tuesday at Flagg Court Health Centre. This helped to improve access for those patients who worked full-time.

The GP told us providing services from Boldon Colliery gave local access for patients, which they appreciated. The GP and staff told us they were flexible to see patients during the opening hours at the branch. They told us it was custom and practice for patients to call into the practice and see the GP or other clinicians during the session. For example, a patient dropped into the practice for a routine blood test without an appointment whilst we were at the Surgery. The Healthcare Assistant asked them to call back in half an hour and provided the service the same day.

Services took account of the needs of the diverse population served by the practice but improvements had been identified. The practice had access to translation services, for those patients who did not speak English as a first language. The practice manager told us it was common practice within the surgery for patients to use family members as interpreters. She wanted to reverse this and encourage patients to use interpreters provided by the practice. This would help reduce the risk of miscommunication, particularly of medical terms, respect the privacy and dignity of patients and support keeping people safe.

The practice had not undertaken an assessment of access to their services to make sure they were meeting their legal obligations to take reasonable steps to make their services available to disabled people in line with the Equality Act 2010. However, there was evidence to demonstrate the practice had made reasonable adjustments to ensure patients could access the service.

Patients were not offered choice in the gender of GP they wished to consult. The GP within the practice was male and there were no alternative arrangements available for those patients who wished to see a female GP. Patients on registering with the practice were fully informed that a female GP was not available but they could see the female practice nurse. We reviewed the rates of cervical screening rates for women aged 25-64 and these were slightly above the national average at 89.7%, compared to 81.9%. The practice told us they had not been asked by patients to consult with a female GP and as such had not made any alternative arrangements. If a patient wished to consult with a female GP, they would be asked to register with a different practice.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

At Flagg Court Health Centre there was a ramp at the front entrance to allow wheel chair access. All patient facilities were at ground floor level and there was wheelchair and step-free access to all the consultation and treatment rooms. The practice had a portable hearing loop installed.

We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice, including baby changing facilities.

At the Surgery, Boldon Colliery, the entrance doorway was very narrow and access to the downstairs consultation room meant there was a tight turn which made it difficult for some patients who use wheel chairs to access the service. The treatment room was up a flight of stairs and no lift was available to aid access. The practice told us as patients could use either practice location, patients who would find mobilising difficult in the branch surgery were encouraged to make appointments at Flagg Court Health Centre where they could more easily access the building. They told us they could also arrange to use the downstairs consultation room where patients were unable to walk up stairs to the treatment room.

We saw that the waiting area were large enough for prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

Appointments were available at both practice locations each day. The Surgery at Boldon Colliery opened at various times over the week to give patients choice and flexibility in when they wanted to attend an appointments.

The surgery opening times for Dr Somesh Chander at Flagg Court Health Centre were :

- Monday 9:00 - 6:00
- Tuesday 9:00 - 6:00
- Wednesday 9:00 - 7:00
- Thursday 9:00 - 6:00
- Friday 9:00 - 6:00
- Saturday Closed
- Sunday Closed

The surgery opening times for Dr Somesh Chander at the Surgery, Boldon Colliery were:

- Monday 15:00 - 17:00
- Tuesday 08:30 - 10:30
- Wednesday 08:30 - 10:30
- Thursday 08:30 - 12:00
- Friday 15:00 - 17:00
- Saturday Closed
- Sunday Closed

We found the practice had not considered the risks of a single GP covering two practice locations. In particular, assessing the risk of the arrangements for dealing with a medical emergency in one location when the GP was at the other.

The patients we spoke with and those who completed CQC comment cards all told us they found it easy to make an appointment that was convenient for them. All of the patients we spoke with said they were able to see a GP the same day if their need had been urgent. This was reflective of the results from the National GP Survey where results around access and responsiveness were very good. For example:

- 92.4% of patients reported they were able to get an appointment or see someone the last time they tried. This compared with a local CCG average of 85.9% and England average of 71.8%;
- 100% said the last appointment they got was convenient. This compared with a local CCG average of 93.4% and England average of 91.8%;
- 91.8% said they usually wait 15 minutes or less after their appointment time to be seen This compared with a local CCG average of 75.2% and England average of 65.2%;
- 93.9% said they don't normally have to wait too long to be seen. This compared with a local CCG average of 68.1% and England average of 57.8%;

Consultations were provided face-to-face at the practice, over the telephone, or by means of a home visit by the GP. This helped to ensure patients had access to the right care at the right time. The National GP Patient Survey results showed that 85.5% of patients were satisfied with opening hours, compared to a national average of 76.9%.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

assistance when the practice was closed. Information on the out-of-hours service was provided to patients. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Listening and learning from concerns and complaints

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

Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

The complaints policy was outlined in the practice leaflet and was available on their website

Of the six patients we spoke with, and the feedback we received from the 64 CQC comment cards completed by patients, none raised concerns about the practice's approach to complaints.

We looked at the summary of complaints that had been received in the 12 months prior to our inspection. There had been two complaints received. Where mistakes had been made, it was noted the practice had apologised formally to the complainant. However there was no evidence to demonstrate the practice had identified or implemented any learning from the complaints. For example, one related to missing correspondence. The practice apologised for this but had not identified action to reduce the risk of similar correspondence going missing. We spoke with the practice manager about this. She told us the complaints had occurred prior to her taking up post and she did not have access to this information.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice manager and GP described the vision of the practice to be a family practice. The ethos being patient focused with patients coming first and everything else revolving around their needs. There was not a clear strategy in place to demonstrate how the practice intended to continue to achieve this aim.

We found the practice did not have a formal business plan in place. There had been a number of different practice managers over the last two years, and there had been no formal process to hand over to the newly appointed practice manager. There were a number of folders and files in the practice manager's office, but the new manager had yet to establish which management systems were in place and where changes or new systems were needed. The new manager said they were aware changes needed to be made to ensure the practice operated effectively into the future, and they felt they had the full support of the lead GP to tackle these issues. However, as they progressed they felt every area they looked at revealed new issues and areas where improvements were required. The practice manager was able to tell us what their vision was for the future, and the things they would do to address the concerns. However, there was no formal action plan in place. There was a risk the practice could be overwhelmed by the areas for improvement needed.

There was a lack of clarity on the sustainability of the practice. There was no succession planning in place to ensure the sustainability of the practice into the future, despite the GP considering retirement.

However, all staff we spoke with were positive about the new practice manager and how well they now worked together as a team. They saw her appointment as a positive step and told us they felt they could go to either the practice manager or the lead GP if they had any concerns or issues they wanted to raise.

We spoke with seven members of staff and they all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

The practice had a number of policies and procedures in place to govern activity and these were available to staff in paper copy within the practice managers office. We looked at a sample of these policies and procedures and saw they had been reviewed regularly and were up-to-date.

The practice used the Quality and Outcomes Framework (QOF) as an aid to measure their performance. The QOF data for this practice showed they were performing in line with local Clinical Commissioning Group (CCG) and England averages. Performance in these areas was monitored by the practice manager and GP, supported by the administrative staff. We saw that QOF data was discussed and action plans were produced to maintain or improve outcomes.

The practice had completed one full audit cycle over the last year. Other audit work had been undertaken but these did not demonstrate the full audit cycle had been completed.

A number of key assurance processes were not in place or operational. For example the practice had not assured themselves that staff were provided with regular updates and training they needed to undertake to deliver their roles effectively and safely. They had not assured themselves the infection control arrangements were effective. The recruitment processes were ineffective at providing assurances the staff were suitable; of good character; and, had the relevant qualifications, competence, skills and experience to perform their work. Although the practice reviewed when things went wrong, lessons learnt were not communicated and so safety was not improved.

Leadership, openness and transparency

When we spoke with staff about who led on particular areas of practice, they were uncertain who these were. They told us they assumed the lead GP, as the only GP within the practice, led on a number of areas. We spoke with seven members of staff who were all clear about their own roles and responsibilities.

Are services well-led?

Requires improvement

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

Staff told us the practice had gone through a difficult period with changes to the practice manager. However, they felt hopeful the new practice manager would identify and address any concerns. They told us they felt well supported by the new practice manager and the lead GP, and felt they could raise any issues or concerns they had. They told us they felt they worked well together as a close knit team and the practice manager had integrated well with the team since taking up post.

Staff told us that there was an open culture within the practice and they were actively encouraged to raise any incidents or concerns about the practice. This ensured honesty and transparency was at a high level. However, there was little evidence to demonstrate learning was effectively identified and disseminated across the practice.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff, for example, whistleblowing and safe recruitment policies. These were easily accessible to staff via a shared file within the practice. The practice manager told us she planned to familiarise herself with and review all policies and procedures in place to ensure these were up to date, fit for purpose and operational.

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

The practice had gathered feedback from patients through patient surveys and complaints received.

The practice had a patient participation group (PPG). This met three or four times a year and input was also gathered by email correspondence outside these meetings.

The practice manager showed us the analysis of the last patient survey they had carried out, which was considered in conjunction with the PPG. There was no information relating to these surveys available on the practice website.

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

We saw the practice had introduced the FFT and results were displayed within the practice and on the practice website. The last results displayed were April 2015. There were questionnaires available at the reception desk and instructions for patients on how to give feedback. The practice manager told us the comments and feedback was reviewed regularly. She had not yet analysed the most recent results, but planned to do so.

The practice gathered feedback from staff through staff meetings and informal discussions on a daily basis. Staff we spoke with told us they regularly attended staff meetings. They said these provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw the practice also used the meetings to share information about any changes or action they were taking to improve the service and they actively encouraged staff to discuss these points. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff in the policies and procedures file within the practice. Staff we spoke with were aware of the policy, how to access it and said they would not hesitate to raise any concerns they had.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. However, there were some areas where there were gaps. We looked at three staff files and saw although regular appraisals had taken place in the past it was some 18 months since the last appraisal. Staff members did not have personal development plans and there were areas where they had not received training recently. However, staff told us they were supported to undertake training when they requested it.

The practice could not demonstrate to us they had used reviews of significant events and other incidents and complaint to ensure they improved outcomes for patients.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not assessed the risk of and had not ensured appropriate arrangements to detect, prevent and control the spread of infections. Regulation 12 (2) (h). The provider had not ensured there was sufficient equipment available to ensure the safety of patients presenting with a medical emergency. Regulation 12 (2) (f).

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure persons employed for the purposes of carrying out the regulated activities were of good character, had the relevant qualifications, competence, skills and experience which were necessary to perform their work and were capable of properly performing the tasks which were intrinsic to the work for which they are employed. Regulation 19 (1), (2), (3)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

The provider did not ensure staff employed to deliver the regulated activities had received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.

Regulation 18 (1), (2).

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not ensure there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service. The provider did not maintain accurate records relating to staff members and the management of the service. Regulation 17 (1), (2) (a), (b), (c), (f)