Dr Syed Masroor Imam

Quality Report

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Date of inspection visit: 24 September 2015
Date of publication: 03/12/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Syed Masroor Imam on 24 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients and staff were assessed and well managed, with the exception of those relating to health and safety.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with nurses and in line with or in some cases below local and national averages for GPs. The lower than average results for the GPs reflected some of the patient feedback we received on the day.
- Information about services and how to complain was available and easy to understand, although the practice had not received any formal complaints within the last 12 months.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait longer for non-urgent appointments with the female locum GP.
- The practice had a number of policies and procedures to govern activity, however some of these required review in order to make them specific to the practice. The practice held regular governance meetings and issues were discussed at staff and multidisciplinary team meetings.
- There was a limited approach to obtaining the views of patients and other stakeholders. The practice did not have a patient participation group (PPG).

Summary of findings

- The practice's vision and values were not well developed, and there was no strategy or work plan in place. The practice manager demonstrated their desire to lead, learn and improve the practice.

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

The areas where the provider should make improvements are:

- Review and formalise the arrangements in place for staffing in the reception area to ensure they can meet the needs of patients at all times.
- Ensure that health and safety risk assessments, fire training and fire risk assessments are completed as soon as possible and in line with the dates the practice had already arranged for these.
- Continue to fully develop and implement infection control policies and procedures to reflect the requirements as stated in the Department of Health's Code of Practice on the prevention and control of infections.
- Ensure the arrangements in place for seeing and treating homeless patients reflect the latest guidance.
- Ensure the sustainability of the practice in the longer term through the development and delivery of business plans and plans for improvement.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Staff were aware of and engaged with this process and plans were in place for all staff to be trained to use the clinical commissioning group (CCG) incident reporting system.

Risks to staff and patients who used services were assessed and well managed, with the exception of those relating to health and safety. The practice should ensure that health and safety risk assessments, fire training and fire risk assessments are completed as soon as possible and in line with the dates the practice had already arranged for these. Since the last inspection, improvements had been made to manage the risks associated with infection prevention and control and the safe management of medicines. The practice should continue to fully develop and implement infection control policies and procedures to reflect the requirements as stated in the Department of Health's Code of Practice on the prevention and control of infections. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services. Since the last inspection, improvements had been made in a number of areas including the training and appraisal of staff.

Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence 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.

Are services caring?

Good

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. Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with nurses and in line with or in some cases below

local and national averages for GPs. The lower than average results for the GPs reflected some of the patient feedback we received on the day. We saw that staff treated patients with kindness and respect, and maintained confidentiality. Information for patients about the services available was easy to understand and accessible.	
Are services responsive to people's needs? The practice is rated as good for providing responsive services. It engaged with the Clinical Commissioning Group (CCG) to secure improvements to services. For example, the practice was part of the recently introduced extended access scheme. This made it easier for their patients to see a GP the same day, in the evening or at weekends at a local health centre. Patients said they found it easy to make an appointment with a GP, 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, although the practice had not received any formal complaints in the last 12 months. At the previous inspection we were told the practice would not see patients who were homeless. We asked the practice manager about this again and they said the position of the practice had not changed on this. We advised the practice manager to make themselves aware of the latest guidance from NHS England, which did not reflect the position the practice had taken.	**Good**
Are services well-led? The practice is rated as requires improvement for being well-led. Since the last inspection, the practice had made a number of improvements to the governance arrangements in place. The practice manager demonstrated their desire to lead, learn and improve the practice. The practice had a number of policies and procedures to govern activity, however some of these required personalisation to the practice. The practice's vision and values were not well developed, and there was no strategy or work plan in place. The practice should take steps to ensure their sustainability in the longer term through the development and delivery of business plans and plans for improvement. The practice held regular governance meetings and issues were discussed at staff and multidisciplinary team meetings. There was a limited approach to obtaining the views of patients and other stakeholders. The practice did not have a patient participation group (PPG), although attempts were being made to establish one. Staff said they felt supported by their colleagues and generally worked well together as a team.	**Requires improvement**

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 in line with national averages for conditions commonly found in older people. They offered personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. They offered immunisations for pneumonia and shingles and provided flu vaccinations to older people.	**Good**
People with long term conditions The practice is rated as good for the care of people with long-term conditions. Staff had roles in chronic disease management. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients were offered a structured review at least annually to check that their health and medication needs were being met. For those people with the most complex needs, the practice 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 comparable or just below local averages for most 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, with rooms available for mothers who wish to breastfeed their children in private.	**Good**

Summary of findings

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 to ensure these were accessible, flexible and offered continuity of care. The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group. NHS health checks were offered to patients between the ages of 40 and 74, with 151 patients having used this service in the last five years. The practice was part of the recently introduced extended access scheme. This made it easier for working age people to see a GP the same day, in the evening or at weekends at a local health centre.	**Good**
People whose circumstances may make them vulnerable The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those with caring responsibilities. 31 patients were on the learning disability register and 16 patients had been identified as having caring responsibilities. The practice offered longer appointments for people whose circumstances may make them vulnerable. The practice worked with multi-disciplinary teams in the case management of vulnerable people. It 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. They 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. At the previous inspection we were told the practice would not see patients who were homeless. We asked the practice manager about this again and they said the position of the practice had not changed on this. We advised the practice manager to make themselves aware of the latest guidance from NHS England, which did not reflect the position the practice had taken. The practice should ensure the arrangements in place for seeing and treating homeless patients reflect the latest guidance.	**Requires improvement**

Summary of findings

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 worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Annual dementia reviews were completed and the practice had links with the old age psychiatric teams at two local hospitals. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. It had 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.	**Good**

Summary of findings

What people who use the service say

We spoke with 10 patients on the day of the inspection. Most said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two of the patients we spoke with felt the lead GP had showed compassion and empathy by telephoning them at the weekend when a family member had been unwell. Two other patients said they felt the lead GP didn't listen to them during their consultations, focusing instead on typing into the computer. Half of the patients we spoke with said they preferred to see the female locum GP, even if that meant they had to wait longer for an appointment.

The National GP Patient Survey results published in July 2015 showed the practice was performing above local and national averages in some areas and below the local and national averages in others. The results relating to access to the service can be found below, with those relating to consultations with the GPs and nurses reported under the 'caring' section of the report. There were 418 surveys sent out and 119 responses received, which represents a return rate of 28%.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 71%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 86% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 68%.
- 70% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards in total; 27 of which were wholly positive about the service experienced. The patients who completed the other four comment cards were mostly happy with the services provided and didn't raise any concerns around respect, dignity, compassion or empathy.

Areas for improvement

Action the service SHOULD take to improve

The provider should:

- Review and formalise the arrangements in place for staffing in the reception area to ensure they can meet the needs of patients at all times.
- Ensure that health and safety risk assessments, fire training and fire risk assessments are completed as soon as possible and in line with the dates the practice had already arranged for these.
- Continue to fully develop and implement infection control policies and procedures to reflect the requirements as stated in the Department of Health's Code of Practice on the prevention and control of infections.
- Ensure the arrangements in place for seeing and treating homeless patients reflect the latest guidance.
- Ensure the sustainability of the practice in the longer term through the development and delivery of business plans and plans for improvement.

Dr Syed Masroor Imam

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 an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Dr Syed Masroor Imam

The practice is located in the centre of Gateshead, close to Gateshead Metro station. The practice is also known locally as Metro Interchange Surgery. The practice serves Gateshead and the surrounding areas. The practice provides services from the following address and we visited here during this inspection:

Unit 5B New Century House, Jackson Street, Gateshead, Tyne and Wear, NE8 1HR.

The practice provides all of its services to patients at second floor level and can be accessed by the stairs or by a passenger lift. On-site parking is not available due to the practice's town centre location; however a disabled parking bay is located opposite the entrance to the practice in Jackson Street. The practice provides services to around 4,000 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The practice has one male GP who provides 10 sessions per week and a regular locum female GP who is employed to provide four sessions per week. The practice also has two practice nurses, two part-time phlebotomists, a practice manager and six administrative support staff.

The practice is open between 8.00am and 6.00pm Monday to Friday and later on a Tuesday until 7.30pm. GP appointments were available at the following times during the week of the inspection:

- Monday - 8.30am to 12.20pm; then from 3.00pm to 5.20pm
- Tuesday – 8.30am to 11.20am; then from 6.00pm to 7.00pm
- Wednesday – 8.30am to 12.00pm; then from 2.00pm to 2.20pm and 3.00pm to 5.00pm
- Thursday – 8.30am to 12.20pm; then from 3.00pm to 5.00pm
- Friday – 8.30am to 10.50am; then from 3.00pm to 5.00pm

Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a slightly older population than national averages.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Gateshead Community Based Care Limited, which is also known locally as GatDoc.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken

Detailed findings

place in January 2015 after which the practice was rated as providing inadequate services and placed into special measures. The purpose of this most recent inspection was to check that improvements had been made.

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.

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

How we carried out this inspection

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

- 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 visiting, we reviewed a range of information that we hold about the practice. We also asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England (NHSE).

We carried out an announced inspection on 24 September 2015. We visited the practice's surgery in Gateshead. We spoke with 10 patients in total and a range of staff from the practice. We spoke with the practice manager, two GPs, two practice nurses and five of the reception and administrative support staff on duty. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 31 CQC comment cards where patients from the practice had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Safe track record and learning

Since the last inspection the practice had improved the system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also an 'Incident Reporting Form' widely available for staff to use.

We reviewed safety records and incident reports. GPs we spoke with said these were reviewed at monthly meetings and the minutes we saw reflected this. Lessons were shared to make sure action was taken to improve safety in the practice. The practice used the clinical commissioning group (CCG)-wide Safeguard Incident Reporting Management System (SIRMS) to record incidents and provide feedback on patients experiences of care within other services in the local area. The practice manager produced a report from the system to show the practice was reporting issues. Some staff had been trained to use this system and plans were in place for the remaining staff to be trained. We saw 16 significant events had been recorded since the last inspection in January 2015. We saw events had been investigated and any learning to be taken from it identified. For example, we saw an incident recorded where a patient had attended the practice for a follow up appointment before discharge information had been received from the hospital. This was reported to the hospital to ensure that timely discharge information was received in the future.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The lead GP said they received National Patient Safety Alerts (NPSA) directly and took action when this was required.

Since the last inspection, we found systems and processes had largely been put in place to ensure patients were kept safe. Some work was still required with regards to the completion of health, safety and fire risk assessments, however plans were in place to complete these. There was evidence of a framework for dealing with safety issues which the practice was confident of maintaining and improving in the longer term.

Overview of safety systems and processes

Since the last inspection, the practice had improved the systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding. The GP attended meeting where safeguarding matters were discussed and provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities. All of the staff had completed training relevant to their role. Safeguarding policies were in place for both adults and children; however the policy for children required updating with the name of the practice's safeguarding lead.
- Notices were displayed in the waiting area and consulting rooms, advising patients that they could request a chaperone, if required. The practice nurses carried out this role. Staff who acted as chaperones had a Disclosure and Barring Service (DBS) check completed to check they were safe to do this. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Since the last inspection, some procedures had been put in place for monitoring and managing risks to patient and staff safety. Some work was still required with regards to the completion of health, safety and fire risk assessments; however plans were in place to complete these. There was a health and safety law poster displayed in the staff kitchen area. The practice completed regular fire drills and regular checks were completed of the fire alarms and emergency lighting. 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 other risk assessments in place to monitor the safety of the premises, such as a legionella risk assessment. At the last inspection we saw actions identified to be taken as a result of a legionella risk assessment carried out in July 2013 had not been completed. Since the last inspection, the practice had arranged for a new legionella risk assessment to be

completed. It had identified nine actions to be completed, of which six had already been done. Plans were in place to address the three remaining actions by October 2015.

- Since the last inspection the practice had improved the arrangements in place for the management and monitoring of infection control. Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. The practice recognised the need to support them in their role with some further training. Since the last inspection they had completed a hand hygiene audit with all of the practice staff. This had confirmed good practise, with only some minor prompting and guidance for a small number of staff required. There were infection control protocols in place, with others still being developed and implemented. Staff had received up to date training, both at a local college and through e-learning packages. A practice-wide infection control audit had not been completed yet; however the practice manager was looking for an appropriate audit tool to use. Domestic cleaning schedules had now been developed and implemented and spot checks on the quality of domestic cleaning were being completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Improvements had been made in this area since the last inspection. Medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were now kept securely and there were systems in place to monitor their use. A list of emergency medicines was now kept and regular checks of these medicines were completed to ensure they remained safe to use.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. At the last inspection we found the practice nurses had not been DBS checked. We saw these checks had now been completed. The practice had not employed any new staff since the last inspection; however policies and procedures were in place to support the recruitment of staff, should this be required.
- 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. On the day of the inspection, there were two members of staff working in the reception area. We saw one of the staff was called away to facilitate some planned maintenance work, which left one member of staff on reception. The reception area and waiting room was busy, and a line of patients waiting at the reception desk soon formed. We asked the practice manager what the normal staffing levels in reception were in the morning and they said it was three staff; however one was currently on leave. They said arrangements were in place to ensure only one person was on leave at any given time in an attempt to maintain service levels. They also said discussions had taken place with the lead GP about taking on additional staff to relieve some of the pressure on the current staff. The practice manager showed us they now also had the facility to monitor the number of unanswered telephone calls received, which would help them to identify if additional resource was required in this area. This software had only just been installed, so this data had yet to be collected or analysed. Based on our observations, the practice should review the arrangements in place for staffing in the reception area to ensure they can meet the needs of their patients at all times.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had completed basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen. 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 staff knew of their location. All the medicines we checked were in date and fit for use.

Good

Are services safe?

Since the last inspection, the practice had implemented a business continuity plan for major incidents such as power failure or building damage. The practice manager told us both the lead GP and themselves kept a copy of the document off site, in addition to keeping a copy in the practice. A fire drill had been completed recently.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Since the last inspection, the arrangements for monitoring patients prescribed high risk medicines had been improved. Systems were now in place to monitor patients who were prescribed a medicine called Warfarin and patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) were also being monitored. A system had also been introduced for the recall of patients living with long term conditions based on being recalled for review in the month of their birth. Patients living with more than one long term condition had these reviewed at one appointment where possible. This helped to reduce the need for them to attend the practice more than once to have these reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Results for 2013/14 were 85.7% of the total number of points available, which was 10.1% below the clinical commissioning group (CCG) average and 8.3% below the national average. New systems had been introduced in the last six months for the recall of patients living with long term conditions. The practice manager believed this would result in the practice improving their performance in future years. The latest publicly available QOF data from 2013/14 showed:

- Performance for diabetes related indicators was lower than the national average (83.1% compared to 90.1% nationally).
- Performance for asthma related indicators was lower than the national average (95.1% compared to 97.2% nationally).
- Performance for mental health related indicators was lower than the national average (61.6% compared to 89.4% nationally).
- Performance for epilepsy related indicators was higher than the national average (92% compared to 89.4% nationally).

Since the last inspection the practice had carried out some clinical audit activity to improve care, treatment and people's outcomes. An audit of patients taking medicines referred to as 'ACE Inhibitors' (medication often used to treat high blood pressure) had been through two complete cycles, although there had not been a significant increase in the number of patients attending the practice for review. We saw a number of reviews of data (or first cycles of audits) had taken place; however these required repeating in order to demonstrate improvements to outcomes for patients. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Since the last inspection, significant improvements had been made with regards to training planned and completed and the completion of staff appraisals.

- The practice had an induction programme in place ready for any newly appointed non-clinical members of staff. It covered such topics as an introduction to the practice, terms and conditions of employment and the organisations rules.
- The learning needs of staff were identified through a system of appraisals. Staff we spoke with said appraisals had been completed since the last inspection in January 2015. We looked at three staff files in detail and saw each person had received an appraisal. Objectives had been discussed and agreed, along with training plans for the next 12 months. We saw some of the training planned had already been completed. An e-learning training system had been purchased to enable regular learning and updates to training to be completed.

Good

Are services effective?

(for example, treatment is effective)

- Staff had a specified list of mandatory training to complete. We saw staff had made significant progress in working through the training required, which included infection control, information governance, equality and diversity and safeguarding. The practice manager said they were monitoring and encouraging staff to complete their mandatory training and protected time was given for this when the opportunity arose.

Co-ordinating 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 was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. At the last inspection we found multi-disciplinary team meetings were not taking place. Since the last inspection we saw evidence that multi-disciplinary team meetings now took place on a monthly basis and that care plans were routinely reviewed and updated. The most recent meeting had been held on 24 August 2015 and had been attended by the lead GP, practice nurses, a district nurse, health visitor, community matron, palliative care nurse, a representative from the community mental health team and the practice manager. The needs of the practice's palliative care patients and children identified as being at risk had been discussed.

Consent to care and treatment

At the last inspection we were not assured that staff were aware of the Mental Capacity Act (MCA) 2005 and their duties in fulfilling it. We found significant improvements had been made in this area. Patients' consent to care and treatment was sought in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the MCA 2005. Staff had completed MCA training.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Guidance and protocols to be followed were clearly displayed in treatment and consultation rooms. Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those with learning disabilities and those at risk of developing one or more long-term conditions. Patients were then signposted to the relevant service. For example, the practice directed patients to local pharmacies for smoking cessation. The practice had 31 patients included on its learning disability register and had identified 132 patients at high risk of unplanned admission to hospital. Care plans had been agreed with these patients and reviews of these were completed face to face, over the telephone, or at home for those patients who were housebound.

The practice had a screening programme in place. The practice's uptake for the cervical screening programme was 73.26% in 2013/14, which was below the national average of 81.88%. One of the practice nurses we spoke with was aware of the practice's performance in this area and was working to improve it. They also audited the screening they completed to ensure they were screening effectively. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable and in some cases slightly lower than the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for five year olds in 2014/15 ranged from 86.5% to 97.3% (CCG averages ranged from 89.8% to 97.9%). Flu vaccination rates for the over 65s were 66.39%, and at risk groups 44.3%. These were below the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for all new patients and NHS health checks for people aged 40–74. In the last five years, 1,159 patients had been invited to attend for an NHS health check, with 151 patients attending. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

27 of the 31 patient CQC comment cards we received were wholly positive about the service experienced. The patients who completed the other four comment cards were mostly happy with the services provided and didn't raise any concerns around respect, dignity, compassion or empathy.

We spoke with 10 patients on the day of the inspection. Most said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two of the patients we spoke with felt the lead GP had showed compassion and empathy by telephoning them at the weekend when a family member had been unwell. Two other patients said they felt the lead GP didn't listen to them during their consultations, focusing instead on typing into the computer. Half of the patients we spoke with said they preferred to see the female GP, even if that meant they had to wait longer for an appointment. We informed the lead GP and practice manager of this mixed feedback at the end of the inspection.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The results from the latest National GP Patient Survey showed 95% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 90% and national average of 87%.

Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with nurses and in line with or in some cases below local and national averages for GPs. The lower than average results for the GPs reflected some of the patient feedback we received on the day. For example:

- 74% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 78% said the GP gave them enough time compared to the CCG average of 86% and national average of 85%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 83%.
- 89% said the nurse was good at listening to them compared to the CCG average of 80% and national average of 78%.
- 87% said the nurse gave them enough time compared to the CCG average of 82% and national average of 79%.
- 91% said they had confidence and trust in the last nurse they saw compared to the CCG average of 86% and national average of 85%
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 77%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 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. Again, results for nurses were above local and national averages and for GPs were in line with or below the local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 81%.

Good

Are services caring?

- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 74%
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 76%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 68% and national average of 65%

Staff told us that translation services were available for patients who did not have English as a first language, although the demand to use this service was low due to the local demographics. We saw notices in the reception area 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. There was a practice register of all people who were carers and 16 patients had been identified as carers to date. The practice was trying to increase their identification of carers. Reception staff were asking patients opportunistically when this was appropriate and clinicians were asking patients during consultations, including when carrying out reviews of their long term conditions. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the lead GP contacted them out of concern to check on the remaining family. They were also given advice on how to access support services; for example patients could be referred for bereavement counselling.

Good

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) and GP practices within the area to improve outcomes for patients in the area. An example of this engagement included with the CCG and other practices on the extended access scheme which had recently been introduced. The scheme was due to be extended to a practice in the centre of Gateshead by at the end of September which would improve access for their patients.

The practice was signed up to the local CCG's Practice Engagement Programme. A number of actions and areas for review had been identified and agreed and both the practice and CCG were monitoring progress with these. For example, improvements had been made with the patient recall systems and progress was being made with the number of personal asthma action plans (PAAP) in place for children living with asthma.

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

- The practice offered appointments on a Tuesday evening until 7.00pm for patients who could not attend during normal opening hours.
- The practice was part of the local extended access scheme. Patients could pre-book appointments with a GP at a local health centre between 6pm and 8pm Monday to Friday and at weekends due to the scheme. This had helped to enable patients who worked during normal surgery hours to have same day access to a GP.
- Appointments with the GP could be booked online.
- There were longer appointments available for people who required or requested them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.

Access to the service

The practice was open between 8.00am and 6.00pm Monday and Wednesday to Friday, and between 8.00am and 7.30pm on Tuesdays. Appointments with the GP were available at the following times during the week of the inspection:

- Monday – 8.30am to 12.20pm and from 3.00pm to 5.20pm
- Tuesday – 8.30am to 11.20am and from 6.00pm to 7.00pm
- Wednesday – 8.30am to 12.00pm; 2.00pm to 2.20pm and from 3.00pm to 5.00pm
- Thursday – 8.30am to 12.20pm and from 3.00pm to 5.00pm
- Friday – 8.30am to 10.50am and from 3.00pm to 5.00pm

In addition to appointments that could be booked in advance, urgent same day appointments were also available.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see the GP were available to be booked the next day. Appointments to see the practice nurse practitioner were also available to be booked the next day. The practice could also offer their patient's access to a GP in the evening and at weekends as part of the extended access scheme. This helped to improve same day access to GPs for the practice's patients.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 71%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 68%.

At the previous inspection we were told the practice would not see patients who were homeless. We asked the practice manager about this again and they said the position of the practice had not changed on this. We advised the practice manager to make themselves aware of the latest guidance from NHS England, which did not reflect the position the practice had taken. The practice should ensure the arrangements in place for seeing and treating homeless patients reflect the latest guidance.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its 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. This included leaflets in the patient waiting area and on the practice's website. Half of the 10 patients we spoke with were aware of the process to follow if they wished to make a complaint. 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.

We saw the practice had not received any formal complaints in the last 12 months. The practice manager said any complaints, comments or concerns received would be reviewed at the time of receipt and discussed at staff meetings.

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's vision and values were not well developed, and there was no strategy or work plan in place.

The practice's main aim and objective was recorded in its statement of purpose as 'To provide medical care to the people of Gateshead.' Staff we spoke with throughout the day said their main aim was to provide patients with the best care and service possible.

We asked the practice manager and the lead GP if the practice had a strategy documented, a business plan or any plans for improvement in the future. They said they did not have these in place. The lack of a strategy, business plan or any plans for improvement indicated the practice's approach to service delivery was reactive and focused on short-term issues. We were not fully assured of the sustainability of the practice in the longer term, with improvements being required in this area.

There was a culture of supporting each other between members of staff and as at the previous inspection, staff we spoke with made reference to how busy and at times, under pressure they felt. The practice manager said they had spoken with the lead GP about increasing the size of the administrative team in future and we saw this was recorded within their appraisal documentation. One member of staff had taken on some administrative responsibilities to support this function within the practice.

Since the last inspection, the practice had implemented a business continuity plan for major incidents such as power failure or building damage. Copies of the document were kept both on and off site.

Governance arrangements

Since the last inspection, the practice had made a number of improvements to the governance arrangements in place. These included:

- The practice had implemented a wide range of policies and procedures and these were available to staff. The staff we spoke with showed they understood and followed these and they knew where to locate them. Some of the policies we looked at still required personalising to the practice and the practice manager assured us this would be completed.
- Staff were now engaged and involved with the significant event reporting process. Some staff had been trained to enter events on the CCG-wide reporting system, with the remaining staff booked to complete this training.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities.
- There was now evidence of clinical and internal audit activity completed, as well as activity still in progress.
- There were now arrangements in place for identifying, recording and managing risks and implementing mitigating actions. Action had already been taken, for example to address the actions required as a result of Legionella testing. Some work still needed to be completed; for example health and safety and fire risk assessments. We saw confirmation of dates booked for the completion of fire training and risk assessments.
- Meetings of staff, including multi-disciplinary team meetings, were now being held.
- Systems, policies and processes were now in place to manage risks associated with the prevention and control of infection and to ensure the safe management of medicines.

Leadership, openness and transparency

We spoke with the lead GP and practice manager about leadership. Throughout the day, the practice manager demonstrated their desire to lead, learn and improve the practice. For example, at the start of the inspection we invited the lead GP, as the responsible individual, to tell us about the improvements they had made since the last inspection in January 2015. The lead GP said they had made lots of changes, then deferred to the practice manager to provide the detail of these.

Staff told us that team meetings were held and we saw copies of minutes taken. We also saw the practice manager had sent a memo to staff when it had not been possible to meet, to keep them informed of developments within the practice. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they felt respected, valued and supported, particularly by the practice manager and their peers.

Are services well-led?

Requires improvement

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

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

There was a limited approach to obtaining the views of patients and other stakeholders. Feedback was not always reported or acted upon in a timely manner.

At the last inspection we found the practice did not have a patient participation group (PPG). This was still the case at the time of this inspection, however the practice manager told us about the efforts the practice had made to establish one. This included speaking with patients opportunistically and advertising for members on the practice's website. The current position was that they had identified a patient who they hoped would meet with patients from two neighbouring practices in an attempt to start a locality group.

The practice had gathered some feedback from patients through the Friends and Family Test (FFT). We saw the practice had reviewed and analysed feedback received from patients in April 2015. Of the 27 responses received, 23 patients (or 85%) indicated they were likely or extremely likely to recommend the practice. The results and comments from patients had been shared with staff at meetings.

The practice had also gathered feedback from staff through appraisals. Staff told us they were happy to give feedback and discuss any concerns or issues with colleagues. They said they felt involved in how the practice was run.