

The Adderlane Surgery

Inspection report

Adderlane Road
Prudhoe
Northumberland
NE42 5HR

Date of inspection visit: 30/08/2018
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Adderlane Surgery on 10 October 2017. The overall rating for the practice was good, with all population groups also being rated as good. The practice was rated as requires improvement for the safe key question. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Adderlane Surgery on our website.

This inspection was an announced focussed inspection, carried out on 30 August 2018, to confirm that the practice had met the legal requirements in relation to the breach of regulation that we identified in our previous inspection.

This report covers our findings in relation to this requirement and some additional improvements made since our last inspection.

Overall the practice is still rated as good; and is now good for the safe key question.

At this inspection we found:

- The breach of legal requirement we identified during our previous inspection had been addressed.
- The provider had taken steps to address some of the other improvements we asked them to consider making.

The areas where the provider should still make improvements are:

- Improve ways to identify and support carers.
- Develop a supporting business plan, with input from all staff, to help the provider achieve their priorities.

Professor Steve Field CBE FRCP FFPH FRCGPChief
Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC inspector.

Background to The Adderlane Surgery

The Adderlane Surgery is located in the Prudhoe area of Northumberland and provides care and treatment to 2,006 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of NHS Northumberland Clinical Commissioning Group. We visited the following location as part of the inspection:

The Adderlane Surgery, Adderlane Road, Prudhoe, Northumberland, NE42 5HR.

The practice serves an area where, overall, deprivation is lower than the England average. However, the provider told us that over 600 of the practice's patients live in an area where there is significant deprivation. In general, people living in more deprived areas tend to have a greater need for health services. The Adderlane Surgery has fewer patients aged under 18 years of age, and more patients over 65 years, than the England average. The percentage of people with a long-standing health condition is above the England average, but the percentage of people with caring responsibilities is below this. Life expectancy for women and men is similar to the England average. National data showed that 1.4% of the population are from non-white ethnic groups.

The practice occupies a purpose-built, single-storey building. Disabled access is provided via a ramp at the front of the premises. The practice has two GP partners (one male and one female), a practice nurse (female), a part-time practice manager and three administrative staff.

The practice is open as follows:

- Monday and Tuesday between 8:30am and 12:30pm and 2pm and 6pm.
- Wednesday and Friday between 8:30am and 12 noon and 3:30pm and 6pm.
- Thursday between 8:30am and 1pm.
- Friday between 8:30am and 12 noon and 3:30pm and 6pm.

Arrangements have been put in place to provide cover between 6pm and 6:30pm. The practice is closed at weekends.

The practice provides a mixture of open access surgeries and booked appointment surgeries. Surgery times are between 8:50am and 10am each weekday morning and between 4pm and 5:30pm on a Monday, Tuesday, Wednesday and Friday. Telephone consultations are provided daily between 11:30am and 12 noon each morning. Patients were able to access appointments out-of-hours via an extra care hub based in a local healthcare centre.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

At our previous inspection on 10 October 2017, we found the provider had not:

- Completed an infection control risk assessment and audit.
- Carried out a health and safety risk assessment.
- Checked whether staff were up-to-date with routine immunisations.

At this inspection we found the provider had complied with the breach of regulation we identified during our previous inspection and had made additional improvements in other areas. The provider had:

- Drawn up an in-house infection control audit tool which met the needs of their practice. This helped the provider to check whether appropriate arrangements were in place to manage and prevent the spread of infection.
- Reviewed and updated their health and safety policy and strengthened their arrangements for carrying out an assessment of risks to the well being of patients and staff. The practice had developed their own in-house risk assessment tool, to help them do this.

- Carried out a fire drill, to help make sure all staff knew what to do in the event of a fire.
- Set up a log of staff's immunisation history, to help make sure all staff were up-to-date with the appropriate immunisations.
- Reviewed their arrangements for ensuring the safety of lone workers. This included producing a lone-working policy which identified the key risks to staff's safety and how they were to be managed.
- Introduced a checklist for recording the monthly checks staff carried out of the expiry dates of medicines and equipment, including those kept in the doctors' bags.
- Improved their system for monitoring high-risk medicines. This included staff completing a bi-monthly checklist, to help them review the numbers of patients taking high-risk medicines and whether the required blood tests had been completed before prescribing took place.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

At our previous inspection on 10 October 2017, we rated the practice as good for providing effective services. However, we asked the provider to:

- Introduce a structured approach to the reviewing of clinical guidelines from the National Institute for Health and Care Excellence (NICE).
- Review the arrangements for identifying and designating lead roles to ensure they are effective in meeting the needs of the practice.
- Introduce arrangements for carrying out regular reviews of the reasons for referring patients to secondary care services.

At this inspection we found the GP partners had:

- Set up a system that supported them to review newly issued and revised clinical guidelines from the NICE. The new approach involved partners reviewing the guidelines and discussing these at quarterly educational meetings which had been set up to promote shared learning between clinical staff.
- Considered whether allocating staff key roles was an effective tool in helping the practice to provide safe patient care and treatment. One of the GP partners told us staff did hold lead roles in some areas, which reflected not only their personal interests, but clinical

and administrative expertise. For example, staff held lead roles in relation to: safeguarding; infection control; managing the practice's involvement with the local clinical commissioning group; Quality and Outcomes Framework performance; minor surgery. The GP partner told us that, apart from themselves having a lead role in rheumatology care, and the other GP partner leading on diabetes care, there was a team approach to the management of patients with other long-term conditions which involved all clinical staff. They said their approach to the allocation of roles and responsibilities reflected the size of the practice and worked well for them.

- Considered whether introducing more formal arrangements for reviewing secondary care referrals would improve the arrangements they already had in place. The GP partner told us each referral made by the GP partners was carefully considered, based on a detailed assessment of patients' clinical conditions and informed by their experience and judgement. They also said that if they had any concerns about whether a referral was appropriate or not, they would consult with the other GP partner. They recognised they had a higher-than-average referral rate, but emphasised that their decision to refer was driven by their focus on patients' well being.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice as good for providing responsive services.

At our previous inspection on 10 October 2017, we rated the practice as good for providing responsive services. However, we asked the provider to:

- Consider developing a clear structured approach to the triaging of the clinical needs of patients who request home visits.
- Keep their carer register up-to-date and consider providing patients who are carers with annual screening for depression, as well as an annual health check.
- Consider providing annual health checks for patients aged over 75 years of age.

At this inspection we found:

- The provider had reviewed how they triaged the clinical needs of patients requesting home visits and had made improvements.
- Most patients over the age of 75 years had received a healthcare check during the last 12 months. The practice

had carried out a search to identify how many patients over the age of 75 years were registered with the practice. Of the 159 patients who fell into this category, all but five had had their needs reviewed during the previous 12 months. Four of the remaining patients had not had their needs formally reviewed, but all had been seen by a clinician with a family member present. The fifth patient had been invited to attend for a health check.

- The provider had revised their process for registering new patients, to help identify carers at the point of registration. However, we found that this approach had not resulted in any further patients being identified as carers. The number of patients identified as also being carers remained the same as at our last inspection, i.e. approximately 0.5% of the practice patient population.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing well led services.

At our previous inspection on 10 October 2017, we rated the practice as good for providing well led services. However, we asked the provider to:

- Develop a business plan to help drive improvements.

During this inspection, we found the practice still did not have a supporting business plan in place to help leaders achieve their priorities. However, one of the GP partners acknowledged that a development plan could be beneficial in helping the practice achieve priorities and they would take steps to develop one.

Please refer to the evidence tables for further information