Percy Street

Quality Report

Percy Street, Tynemouth,
Tyne and Wear, NE30 4HD
Tel: 0191 2570223
Website: www.priorymedical.org.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Percy Street on 5 March 2015.

Overall, we rated the practice as 'requires improvement'. Specifically, we found the practice required improvement for providing safe and well led services but was good for providing effective, caring and responsive services.

Our key findings were as follows:

- Feedback from patients was generally positive; they told us staff treated them with respect and kindness;
- Most patients reported good access to the practice, with urgent appointments available the same day;
- Patients we spoke with told us they felt they had sufficient time during their appointment;
- Patients' needs were assessed and care was planned and delivered following best practice guidance;
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed;
- There was a clear leadership structure and staff felt supported by the management team. The practice actively sought feedback from patients;
- The practice did not have good infection control arrangements;
- Some out of date medicines were found at each of the three surgeries.

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

Importantly, the provider must:

- ensure relevant checks are carried out on staff, in relation to recruitment of new staff and existing staff's professional registrations;
- ensure patients' specimens are not stored alongside medicines and undertake a risk, assessment for the presence of legionella (a type of bacteria found in the environment which can contaminate water systems in buildings).

In addition the provider should:

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- take action to ensure medicines are in date and the cold chain for storage of medicines requiring refrigeration is not broken
- carry out a risk assessment to determine whether the practice should have defibrillators available at each surgery;
- put appropriate arrangements in place to ensure medical consumables, such as single use needles and syringes are in date;
- clarify arrangements for managing the care of patients with long-term conditions who had not attended review appointments;
- review systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Patients were at risk of harm because systems and processes were either not in place or followed. For example, there were infection control policies in place but these were not followed and infection control risks were not identified by the practice. Appropriate recruitment checks on staff had not been undertaken prior to their employment. We found medicines at each site that were out of date. The practice did not have defibrillators in place and there was no risk assessment to determine whether the practice could immediately respond to the needs of a seriously ill person.

Are services effective?

Good

The practice is rated as good for providing effective services. Care and treatment was being delivered in line with current published best practice. Systems were in place to manage patients' long term conditions. However, the arrangements to follow-up patients who did not attend appointments to review their care were unclear. Referrals to other services were made in a timely manner. Staff had received training appropriate to their roles and arrangements had been made to support clinicians with their continuing professional development. The practice worked with other healthcare professionals to share information, although recognised that internal team working could be further developed.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect. Patient's privacy and confidentiality was respected. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect.

However, the results of the National GP Patient Survey from January 2015 showed patients did not always feel involved in their care and treatment. The scores for doctors were below the national average (68% compared to an average of 74%). We discussed these results with the practice manager and one of the GP partners. They felt this had been due to the staffing changes over the past year. A recent in-house patient survey showed improved performance in these areas.

Summary of findings

Are services responsive to people's needs?

Good 

The practice is rated as good for providing responsive services. Services had been planned so they met the needs of the key population groups receiving services from the practice. Patient feedback about the practice was generally good. Steps had been taken to continually review and update the appointments system to improve access. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints procedure, with evidence demonstrating the practice made every effort to address any concerns raised with them.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led. The practice had a clear vision for future development. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and had an active patient participation group (PPG). The practice had some systems in place to measure performance but these were not always effective. For example, if regular checks on medicines had been carried out then it would have been unlikely that we found out of date items during the inspection.

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 requires improvement for the care of older people. There were aspects of the practice which required improvement and related to all population groups.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, including offering home visits for health checks and flu vaccinations. However, the percentage of patients over the age of 65 who had received a seasonal flu vaccination was below than the overall average for other practices nationally (65% compared to national average of 73%).

People with long term conditions

Requires improvement

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

Clinical staff told us care reviews for patients with long term conditions took place at six monthly or yearly intervals. These appointments included a review of the effectiveness of their medicines, as well as patients' general health and wellbeing. Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2013/14 showed the practice had achieved maximum points (with an overall score of 98.3%) for the majority of the 20 clinical conditions covered.

Although the practice had achieved a high overall score for QOF the exception rate was high in comparison to other practices (13.9%, compared to a national average of 7.9% and a local average of 8.7%). GPs told us if a patient did not attend appointments or respond to invites then they would be 'exempted', as per the QOF guidelines (QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). It was not clear what plans were in place to ensure those patients' care was properly managed. Staff told us they continued to send invites out and tried

Summary of findings

to catch patients opportunistically and review their conditions when they were at the practice for other appointments. However, there were no formal arrangements in place for clinicians to monitor their care.

Families, children and young people

Requires improvement

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

We saw the practice had processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were reviewed at multidisciplinary meetings involving child care professionals such as school nurses and health visitors.

The practice advertised services and activities available locally to families. Lifestyle advice for pregnant women about healthy living, including smoking cessation and alcohol consumption was given by the GPs and midwives. Some of the nurses were trained in family planning and the practice routinely offered contraceptive implant and coil fittings.

Appointments were available outside of school hours and reception staff had been trained to take note of any urgent problems and notify the doctor, for instance, an unwell child or parental concern. The premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Immunisation rates were high for all standard childhood immunisations.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people. There were aspects of the practice which required improvement and 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 it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. Extended hours appointments were available until 7:00pm

Summary of findings

four evenings a week and on Saturday mornings (with GPs and nurses). We saw health promotion material was made easily accessible through the practice's website. This included signposting and links to other websites including those dedicated to weight loss, sexual health and smoking cessation. The practice provided additional services such as smoking cessation advice clinics, travel vaccinations and minor surgery.

People whose circumstances may make them vulnerable

Requires improvement

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

Systems were in place in place to identify patients, families and children who were at risk or vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health. There were aspects of the practice which required improvement and related to all population groups.

Most patients experiencing poor mental health had received an annual physical health check. The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had care plans in place for patients with dementia and had recently been involved in a local scheme to increase the diagnosis rates. Recording of such patients within the practice had risen from 57% to 65%.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. Well established relationships had been established with local organisations such as MIND. Information and leaflets about services were made available to patients within the practice.

Summary of findings

What people who use the service say

We spoke with 10 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 21 CQC comment cards which had been completed by patients prior to our inspection. There were 14 completed by patients at the Hadrian Park surgery, six at North Shields and one at Tynemouth.

Most were complimentary about the practice, staff who worked there and the quality of service and care provided. They told us the staff who worked there were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system.

The latest National GP Patient Survey published in January 2015 showed results were broadly in line with GP practices nationally, although a lower proportion of patients said they would recommend the practice. The results were:

- GP Patient Survey score for opening hours – 79% (national average 76%)
- Percentage of patients rating their ability to get through on the phone as very easy or easy – 71% (national average 71%)
- Percentage of patients rating their experience of making an appointment as good or very good – 74% (national average 73%)
- Percentage of patients rating their practice as good or very good – 81% (national average 86%)
- The proportion of patients who would recommend their GP surgery – 66% (national average 78%).

However, the results also showed patients did not always feel involved in their care and treatment. The scores for doctors were below the national average (68% compared to an average of 74%).

Areas for improvement

Action the service MUST take to improve

- ensure relevant checks are carried out on staff, in relation to recruitment of new staff and existing staff's professional registrations;
- ensure patients' specimens are not stored alongside medicines and undertake a risk, assessment for the presence of legionella (a type of bacteria found in the environment which can contaminate water systems in buildings).

Action the service SHOULD take to improve

- take action to ensure medicines are in date and the cold chain for storage of medicines requiring refrigeration is not broken
- carry out a risk assessment to determine whether the practice should have defibrillators available at each surgery;
- put appropriate arrangements in place to ensure medical consumables, such as single use needles and syringes are in date;
- clarify arrangements for managing the care of patients with long-term conditions who had not attended review appointments;
- review systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.

Percy Street

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team also included a GP and a specialist advisor with experience of GP practice management.

Background to Percy Street

Percy Street is part of Priory Medical Group and is registered with the Care Quality Commission to provide primary care services. It is located North Tyneside.

The practice provides services to around 14,500 patients from three locations:

- 19 Albion Road, North Shields, Tyne and Wear, NE29 0HT
- Percy Street, Tynemouth, Tyne and Wear, NE30 4HD
- Addington Drive, Hadrian Park, Wallsend, Tyne and Wear, NE28 9UX

We visited all three addresses as part of the inspection.

The practice has six GP partners, four salaried doctors, four practice nurses, two healthcare assistants, a practice manager, a practice pharmacist and 21 staff who carry out reception and administrative duties.

The practice is part of North Tyneside Clinical Commissioning Group (CCG). The practice age distribution is broadly in line with national average.

The North Shields surgery is located in a two storey building; patient facilities are situated on both the ground and first floor. A lift is available for patients to access the first floor. The surgeries at Tynemouth and Hadrian Park are within single storey buildings. All surgeries also offer a disabled WC, wheelchair and step-free access.

Opening times at each surgery are between 8:30am and 5.30pm Monday to Friday. All branches are closed for lunch each day between 12:30pm and 1.30pm. The North Shields branch is open until 7:00pm Monday to Thursday. The Tynemouth branch is open on Saturdays between 8:30am and 12.00pm and the Hadrian Park branch is open from 7:30am on Wednesdays and until 7:00pm on Thursdays. Patients can book appointments in person, on-line or by telephone.

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

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

Detailed findings

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. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local Clinical Commissioning Group (CCG).

We carried out an announced visit on 5 March 2015. We spoke with 10 patients and 13 members of staff from the practice. We spoke with and interviewed five GPs, the practice manager, three members of the nursing team and four 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 21 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice had a good track record for maintaining patient safety.

When we first registered this practice in April 2013, we did not identify any safety concerns that related to how the practice operated. Patients we spoke with said they felt safe when they came into the practice to attend their appointments. Comments from patients who completed CQC comment cards reflected this.

As part of our planning we looked at a range of information available about the practice. This included information from the General Practice Outcome Standards (GPOS) and the Quality Outcomes Framework (QOF). The latest information available to us indicated there were no areas of concern in relation to patient safety.

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibility 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.

We saw that records were kept of significant events and incidents. We reviewed a sample of the reports completed by practice staff during the previous 12 months, and the minutes of meetings where these were discussed. The records looked at showed the practice had managed such events consistently and appropriately during the period concerned and this provided evidence of a safe track record for the practice.

Learning and improvement from safety incidents

The practice was open and transparent when there were near misses or when things went wrong. There was a system in place for reporting, recording and monitoring significant events. We spoke with the practice manager about the arrangements in place. They told us that all staff had responsibility for reporting significant or critical events. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

Records of those incidents were kept on the practice computer system and made available to us. We found details of the event, steps taken, specific action required and learning outcomes and action points were noted. There was evidence that significant events were discussed at staff meetings to ensure learning was disseminated and implemented.

We saw there had been a significant event in relation to a referral to secondary care services being made for the wrong patient. We saw evidence that a thorough investigation had taken place. This had identified some key learning points, which had been shared with the relevant staff. The event had been discussed within the practice and guidelines were revised to prevent this from happening in the future. The changes were implemented and the practice told us they would be reviewed at a later date to confirm they remained effective.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were reviewed by the one of the nurses; information was then forwarded to clinicians. However, there was no system in place to show whether the clinicians had read the alerts or taken action where needed.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. Safeguarding policies and procedures were in place. These provided staff with information about safeguarding legislation and how to identify, report and deal with suspected abuse. Information about how to report safeguarding concerns and contact the relevant agencies was easily accessible.

There was an identified member of staff with a clear role to oversee safeguarding within the practice. Staff we spoke with said they knew which of the GP partners was the safeguarding lead. The GP was responsible for ensuring staff were aware of any safeguarding cases or concerns.

There was a system on the practice's electronic records to highlight vulnerable patients. Children and vulnerable

adults who were assessed as being at risk were identified using READ codes. These codes alerted clinicians to their potential vulnerability (clinicians use READ codes to record patient findings and any procedures carried out).

The clinicians discussed ongoing and new safeguarding issues at their weekly meetings, and also held regular meetings with health visitors. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

We saw records which confirmed all relevant staff had attended training on safeguarding children. All of the GPs had completed child protection training to Level 3. This is the recommended level of training for GPs who may be involved in treating children or young people where there are safeguarding concerns. Nurses at the practice had completed Level 2 which is more relevant to the work they carry out whilst all other staff attended Level 1 training sessions. Some staff had not yet attended training on safeguarding vulnerable adults. This was confirmed by the staff we spoke with.

The practice had a chaperone policy. We saw posters on display in the consultation rooms to inform patients of their right to request a chaperone. Staff told us that a practice nurse or a member of the administration team undertook this role. Staff we spoke with were clear about the requirements of the role and had undergone Disclosure and Barring Service (DBS) checks.

A whistleblowing policy was in place. Staff we spoke with were all able to explain how, and to who, they would report any such concerns. They were all confident that concerns would be acted upon.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

There was a policy for checking medicines to make sure they were kept at the required temperatures. This stated that temperature checks should be recorded daily. We looked at the temperature check records at Tynemouth and saw there had been no checks between Wednesday 18th and Friday 20th February or on Tuesday 24th or Thursday 26th February 2015. We saw the temperature checks for one of the fridges at North Shields had only been recorded on one day each week. The practice could therefore not be certain that those medicines were always stored within appropriate temperatures.

Processes were in place to check medicines were within their expiry date and suitable for use. However, these had not always been followed. We checked medicines and found some medicines at each site which were not within their expiry dates. The expiry dates ranged from April 2014 to February 2015.

Medicines to be used in emergencies were available. We saw records which showed they were checked each month by one of the practice nurses to ensure they were within their expiry date.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. For example, how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary.

Patients were able to order repeat prescriptions using a variety of ways. This included visiting the practice, or ordering by telephone, on-line and by post. The practice had signed up to the Electronic Prescribing Service (EPS). (EPS enables prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff).The practice website provided patients with helpful advice about ordering repeat prescriptions.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw records of blank prescription form serial numbers were made on receipt into the practice and when the forms were issued to GPs.

Cleanliness and infection control

We looked around the surgeries and saw they were generally clean, tidy and well maintained. Patients we spoke with told us they were happy with the cleanliness of the facilities. Comments from patients who completed CQC comment cards reflected this.

One of the practice nurses was the nominated infection control lead. We saw there was an up to date infection control strategy and detailed guidance for staff about specific issues. For example, hand hygiene and use of protective clothing. All of the staff we spoke with about

infection control said they knew how to access the practice's infection control procedures. Most staff had received training in infection control over the past three years.

The risk of the spread of infection was reduced as most instruments used to examine or treat patients were single use. The practice had a contract with the local NHS Trust for the decontamination of equipment used for minor surgical procedures. Personal protective equipment (PPE) such as aprons and gloves were available for staff to use. The treatment rooms had flooring that was impermeable, and easy to clean. We saw the plastic strips between the flooring and the wall in one of the rooms were damaged. The practice manager told us they would ensure these were repaired or replaced.

Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels. The privacy curtains in the consultation rooms were disposable and were changed every six months or more frequently if necessary. We saw all curtains, except one set at the Tynemouth surgery, were clearly labelled to show when they were due to be cleaned or replaced.

The practice had a contract for cleaning services. We looked at records and saw the domestic staff completed cleaning schedules, on a daily, weekly, monthly and annual basis.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and all of the sharps bins we saw had been signed and dated as required. We saw there were spillage kits (these are specialist kits to clear any spillages of blood or other bodily fluid) located throughout the buildings.

Staff were protected against the risk of health related infections during their work. We asked the reception staff about the procedures for accepting specimens of urine from patients. They showed us there were bags for patients to put their own specimens in. The nursing staff then wore PPE when transferring the specimens. However, staff told us that specimens were sometimes stored in the refrigerators where medicines were held. This is contrary to guidance from the Public Health England, detailed within their protocol for 'ordering, storing and handling vaccines'. This states; "A vaccine fridge must be used only to store vaccines and medicines, i.e. food or specimens must not be stored alongside vaccines."

Some health and safety checks were carried out at each site but these were not specific infection control audits. The Health and Social Care Act (2008) Code of Practice on the prevention and control of infections states that there should be a 'programme of audit in place to ensure that key policies and practices are being implemented appropriately.'

The practice had not carried out a risk assessment and did not have procedures in place for the management and testing of the water supply for the presence of legionella (a type of bacteria found in the environment which can contaminate water systems in buildings).

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They 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 calibration of relevant equipment; for example, weighing scales and blood pressure monitoring equipment.

We found some of the equipment in two treatment rooms was out of date. This included some syringes (dated August 2014) and needles (dated April 2014). There were no formal arrangements in place to check such equipment.

Staffing and recruitment

The practice did not have an up to date recruitment policy in place that outlined the process for appointing staff.

We looked at a sample of personnel files. We found that some of the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2010 was not available. There was no evidence of references. The practice manager told us they did not consider references to be useful. We found there were gaps in people's employment history which had not been explained. The practice could therefore not be sure of a person's good character or previous experience.

Requires improvement

Are services safe?

The practice manager and all staff that were in contact with patients had been subject to DBS checks. All of the GPs had undergone DBS checks as part of their application to be included on the National Medical Performers' List. All performers are required to register for the online DBS update service which enables NHS England to can carry out status checks on their certificate.

We saw there was a rota system in place for all the different staffing groups to ensure there were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff we spoke with were flexible in the tasks they carried out. This demonstrated they were able to respond to areas in the practice that were particularly busy. For example, by helping colleagues working on the front reception desk receiving patients or by answering the telephones. Staff told us there was always enough staff on duty to maintain the smooth running of the practice and ensure patients were kept safe.

We asked the practice manager how they assured themselves that GPs and nurses employed by the practice continued to be registered to practice with the relevant professional bodies (For GPs this is the General Medical Council (GMC) and for nurses this is the Nursing and Midwifery Council). They told us they did not routinely carry out these checks and did not have systems in place to assure themselves of the continuing registration of staff. We checked the registers and saw all staff were appropriately registered with the relevant body.

Monitoring safety and responding to risk

Feedback from patients we spoke with and those who completed CQC comment cards indicated they would always be seen by a clinician on the day if their need was urgent.

The practice had developed clear lines of accountability for all aspects of patient care and treatment. The GPs and nurses had lead roles such as safeguarding and infection control lead. Each clinical lead had systems for monitoring their areas of responsibility

Appropriate staffing levels and skill-mix were provided by the practice during the hours the service was open. The practice regularly monitored the number of extra urgent appointments used to ensure that staffing levels were sufficient to meet demands.

The practice had systems in place to manage and monitor health and safety. The fire alarms and emergency lights were tested on a weekly basis. There were annual fire evacuation drills .We saw records confirming these checks had been carried out.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. We saw records showing staff had received training in basic life support

Emergency medicines and some emergency equipment was available, including access to oxygen. Some staff did not know the location of this equipment.

None of the three practice surgeries had a defibrillator (used to attempt to restart a person's heart in an emergency). According to current external guidance and national standards, practices are encouraged to have defibrillators. Managers told us they felt these were not necessary as in the event of an emergency the ambulance service would be called. They confirmed that no risk assessment to determine whether the practice could immediately respond to the needs of a seriously ill person had been carried out.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks were identified and mitigating actions recorded to reduce and manage the risk. Copies of the plans were held by the practice manager and GPs at their homes so contact details were available if the buildings were not accessible.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines. GPs demonstrated an up-to-date knowledge of clinical guidelines for caring for patients. There was a strong emphasis on keeping up-to-date with clinical guidelines, including guidance published by professional and expert bodies. The practice undertook regular reviews of their referrals to ensure current guidance was being followed.

All clinicians we interviewed were able to describe and demonstrate how they accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local health commissioners. New guidelines and the implications for the practice's performance and patients were discussed at monthly clinical meetings.

We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, the practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. We spoke with staff about how the practice helped people with long term conditions manage their health. They told us that there were regular clinics where patients were booked in for recall appointments. This ensured patients had routine tests, such as blood or spirometry (lung function) checks to monitor their condition. A pharmacist had recently been employed by the practice to help manage the long-term conditions processes.

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2013/14 showed the practice had achieved maximum points (with an overall score of 98.3%) for the majority of the 20 clinical conditions covered. (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 such as diabetes and implementing preventative measures. The results are published annually.)

Although the practice had achieved a high overall score for QOF the exception rate was high compared to other practices (13.9%, compared to a national average of 7.9% and a local average of 8.7%). GPs told us if a patient did not attend appointments or respond to invites then they would be 'exempted', as per the QOF guidelines (QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). It was not clear what plans were in place to ensure those patients' care was properly managed. Staff told us they sent three invites out and tried to catch patients opportunistically. Some of those patients received regular medication reviews. However, there were no formal arrangements in place to take further steps to monitor the care of excepted patients who were not on regular medication.

We were told patient safety alerts and guidelines from NICE were discussed at relevant team meetings to enable shared learning. We saw minutes of practice meetings where new guidelines were shared with staff, the implications for the practice's performance were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed these actions were designed to ensure each patient received support to achieve the best health outcome for them.

Patients we spoke with said they felt well supported by the GPs and clinical staff with regards to decision making and choices about their treatment. This was reflected in the comments left by patients who filled in CQC comment cards.

Interviews with six GPs and two practice nurses demonstrated that the culture within the practice was to refer patients onto other services on the basis of their assessed needs, and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles, which led to improvements in clinical care. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings.

We looked at three clinical audits carried out over the past twelve months. Two were mid-cycle and re-audits were in progress at the time of inspection. An audit of patients taking two particular types of medicine which new guidance suggested shouldn't be taken together had been completed. An initial audit was carried out in January 2014. This demonstrated that 119 patients required adjustments

to their prescriptions. Measures were put into place to contact patients and the audit was repeated the following year. The second cycle of the audit carried out in November 2014 demonstrated that all patients had subsequently been prescribed appropriate medicines.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices. We reviewed a range of data available to us prior to the inspection relating to health outcomes for patients. These demonstrated that performance was generally in line with other practices in England in most areas. However, the percentage of patients in the 'influenza clinical risk group', and the percentage of patients over the age of 65 who had received a seasonal flu vaccination, was below the overall average for other practices nationally (40% and 65% respectively, compared to national averages of 52% and 73%). Practice staff told us they suspected this was due to patients going elsewhere for the immunisations; however, there was no documentary evidence to confirm this.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of these patients and their families.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support. Once a month the practice closed during the afternoon for protected learning time (Time In, Time Out sessions).

The continuing development of staff skills and competence was recognised as integral to ensuring high quality care. Role specific training was provided. The practice nurses had been trained to administer vaccines and had attended updates on cervical screening. The practice provided staff with equality and diversity training. Staff were proactively supported to acquire new skills and share best practice. For example, two of the reception team leaders had recently been supported to undertake a qualification in Management (NVQ Level 3). Staff told us they had sufficient access to training and were able to request further training where relevant to their roles.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with NHS England).

All other staff had received an appraisal, at least annually, or more frequently if necessary. During the appraisals, training needs were identified and future career development plans were discussed. Staff told us they felt supported.

The practice had a comprehensive approach to the induction of new staff. We saw all new staff, from GPs to receptionists received a formal induction to the practice. Staff were given an induction plan and were assigned a mentor. This was monitored by the practice manager and provided new staff with opportunities to learn about the practice and their own specific role. We looked at a sample of staff files and found clear records of the induction process had been maintained.

The patients we spoke with were complimentary about the staff. Staff we spoke with and observed were knowledgeable about the role they undertook.

Working with colleagues and other services

The practice worked with other health and social care providers, to co-ordinate care and meet patients' needs.

We saw various multi-disciplinary meetings were held. For example, a monthly palliative care meeting was held, which involved practice staff and the district and Macmillan nurses. The practice safeguarding lead had good relationships with social services, health visitors and school nurse services. Staff commented they worked well with the local CCG and felt supported.

The practice was part of a group of practices in the North Shields locality. The group had carried out some initial collaborative work on whether the 'extensivist' model of care (the setting up of dedicated practices serving a list of around 400-500 patients drawn from local practices, which would receive more intensive care from a GP-led multidisciplinary team) would be beneficial to the local area.

We found appropriate end of life care arrangements were in place. The practice maintained a palliative care register. We

Good

Are services effective?

(for example, treatment is effective)

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-hour's provider and the ambulance service.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff had been fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used electronic systems to communicate with other providers. For example, making referrals to hospital services using the Choose and Book system (the Choose and Book system enables patients to choose which hospital they will be seen in and allows them to book their own outpatient appointments). Staff reported this system was easy to use.

Regular meetings were held throughout the practice. Information about risks and significant events were shared openly at meetings. Although good arrangements were in place to work with other services, there was a lack of internal multi-disciplinary working; for example, there were separate meetings for doctors and for nurses. The lack of multi-disciplinary meetings meant there was a barrier to effective team work. The practice had recognised this and two GPs had been identified to attend the nursing team meetings.

Correspondence from other services such as blood results and letters from the local hospital including discharge summaries, was received both electronically and by post. Staff we spoke with were clear about their responsibilities for reading and taking action to address any issues arising from communications from other care providers. They understood their roles and how the practice's systems worked.

Consent to care and treatment

Before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. There was a practice policy on consent, this provided guidance for staff on when to document consent.

Staff were all able to give examples of how they obtained verbal or implied consent. We saw where necessary, written consent had been obtained, for example, for minor surgery procedures or contraceptive implants.

GPs we spoke with showed they were 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.

We found that staff were aware of the Mental Capacity Act (MCA) 2005 and their duties in fulfilling it. Some staff had recently received specific training on consent and the MCA. Decisions about or on behalf of patients who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the MCA. The GPs described the procedures they had followed where people lacked capacity to make an informed decision about their treatment.

Health promotion and prevention

The practice identified people who needed ongoing support. This included carers, those receiving end of life care and those at risk of developing a long term condition. For example, there was a register of all patients who had been diagnosed with mental health problems. Nationally reported data from 2013/14 showed that 90% of eligible patients on the register had a documented, comprehensive care plan. This was above the national average of 86%.

Most patients with long term conditions were reviewed each year, or more frequently as necessary. Arrangements were in place to contact patients who did not attend to ensure they received a review. However, these were not always effective, as demonstrated by the high QOF 'exception' rate.

New patients were offered a 'new patient check', with a nurse, 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 area of

Good

Are services effective?

(for example, treatment is effective)

the practice. This included information about screening services, smoking cessation and child health. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. Staff told us they were working with the members of the patient participation group to set up a local walking group.

The practice offered a full range of immunisations for children, as well as travel and flu vaccinations, in line with current national guidance. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the local CCG area.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with 10 patients during our inspection. All except one was happy with the care they received. People told us they were treated with respect and were very positive about the staff. Comments left by patients on the 21 CQC comment cards we received also reflected this. Words used to describe the approach of staff included kind, friendly, respectful and helpful.

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed 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 and conversations taking place in those rooms could not be overheard.

We saw the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. Staff spoke quietly so their conversations could not be overhead. Staff were aware of how to protect patients' confidential information. There was a room available if patients wanted to speak to the receptionist privately.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation. Information regarding patient confidentiality was contained within the practice information leaflet.

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

Patients told us they felt they had been involved in decisions about their care and treatment. They said the clinical staff gave them plenty of time to ask questions and responded in a way they could understand.

They were satisfied with the level of information they had been given. We reviewed the 21 completed CQC comment cards, patients felt they were involved in their care and treatment.

However, the results of the National GP Patient Survey from January 2015 showed patients did not always feel involved in their care and treatment. The scores for doctors were below the national average, although a higher proportion of patients felt the nurses were good at listening:

- 81% said the last GP they saw or spoke to was good at listening to them (national average 88%)
- 68% said the last GP they saw or spoke to was good at involving them in decisions about their care (national average 74%)
- 87% said the last nurse they saw or spoke to was good at listening to them (national average 79%)
- 66% said the last nurse they saw or spoke to was good at involving them in decisions about their care (national average 67%).

We discussed these results with the practice manager and one of the GP partners. They felt this had been due to the staffing changes over the past year. The practice had carried out two in-house patient surveys, in September and December 2014. The results from the December survey showed that patient opinions had improved, however, these were still below national averages. For example, in September 2014, 68% of respondents felt the GP was good at listening to them, this increased to 75% in December 2014 (compared to 88% nationally).

We saw that access to interpreting services was available to patients, should they require it. Staff we spoke with said the practice did not have many patients whose first language was not English. They said when a patient requested the use of an interpreter, 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

The patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. The CQC comment cards we received were also consistent with this feedback. For example, patients commented that staff were caring and took time to help and support them.

Good

Are services caring?

We saw there was a variety of information on display throughout the practice. This included a patient information file, which contained details about the practice and the services on offer. There were several noticeboards with a range of information regarding common health conditions and local support groups.

The practice routinely asked patients if they had caring responsibilities. The practice had recently set up a carer's register to help them identify and make sure they were receiving the professional support they needed.

Support was provided to patients during times of bereavement. Staff told us that if families had suffered bereavement, this was followed up by the practice, with either a visit or telephone call depending upon the circumstances. Clinical staff referred patients struggling with loss and bereavement to support groups who provided these types of services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to the needs of the local population. The majority of patients we spoke with and those who filled out CQC comment cards said they felt the practice was meeting their needs. For example, patients could access appointments face-to-face in the practice, receive a telephone call back from a clinician or be visited at home.

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 nurses would already be aware of this and any additional support could be provided, for example, a longer appointment time.

Patients we spoke with told us they felt they had sufficient time during their appointment. Results of the National GP Patient Survey from January 2015 reflected this; 84% (86% nationally) of patients thought the doctors and 89% (81% nationally) thought nurses gave them enough time.

The practice engaged regularly with the Clinical Commissioning Group (CCG) and other practices across North Tyneside to discuss local needs and service improvements that needed to be prioritised. GPs told us they had a close working relationship with the CCG and took part in many initiatives. This included involvement in a pilot for opening on some weekends and bank holidays over the Christmas period in 2014. The practice provided a service to patients throughout the North Shields area, not just their own registered patients. This had been successful and plans were in place to offer a similar service over the Easter period.

The practice worked collaboratively with other agencies, regularly updating shared information to ensure good, timely communication of changes in care and treatment. The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients and their families' care and support needs.

The practice had established a Patient Participation Group (PPG) to help them to engage with a cross section of the practice population and obtain patient views. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

We spoke with two members of the PPG; they explained their role and how the group worked with the practice. The representatives told us the PPG had a good working relationship with the practice, and felt that the GPs explained any changes in the health economy to them and listened to any concerns they had. They gave us examples of improvements that had been made following discussions between the PPG and the practice. This included updating the telephone system and expanding the website to include more information for patients.

Tackling inequity and promoting equality

The practice had recognised the needs of the different groups in the planning of its services. For example, opening times had been extended to provide additional appointments four evenings each week at North Shields. The surgery at Tynemouth was open on a Saturday morning and the Hadrian Park branch was open early on a Wednesday and late on a Thursday evening. This helped to improve access for those patients who worked full time. The computer system used by the practice alerted GPs if patients were at risk of harm, or if a patient was also a carer. Where patients were identified as carers we saw that information was provided to ensure they understood the various avenues of support available to them should they need it.

Staff at the practice recognised that patients had different needs and wherever possible were flexible to ensure their needs were met. There was a system in place to alert staff to any patients who might be vulnerable or who had special needs, such as patients with poor mental health or a learning disability. Registers were maintained, which identified which patients fell into these groups. The practice used this information to ensure patients received regular healthcare reviews and access to other relevant checks and tests. Some patients had been identified as always needing longer appointments and the system in place ensured that staff were alerted to this need.

The practice was aware of the needs of older people and had good links with two local care homes. One of the GPs carried out weekly visits and told us they had good communication with these patients, their families and the nursing staff. The practice had care plans in place for

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients with dementia and had recently been involved in a local scheme to increase the diagnosis rates. Recording of such patients within the practice had risen from 57% to 65%.

Free parking was available directly outside the surgeries at Tynemouth and Hadrian Park. There was no car park at the North Shields branch, although on street parking was available close by. The doors providing access to the North Shields surgery were automated. This was not the case at Tynemouth or Hadrian Park but the practice had taken steps to ensure all patients could access the premises by installing door bells so patients could summon help when required.

We saw the consulting rooms were large with easy access for all patients. There were also toilets that were accessible to disabled patients and baby changing facilities for use. We saw that a lift was available for patients to access the upper floors of the practice building at North Shields should the need arise. Patient facilities at the Tynemouth and Hadrian Park branches were all on the ground floor. A hearing loop system was in place for patients who experienced difficulties with their hearing.

Only a small minority of patients did not speak English as their first language. Staff told us that usually the patient was accompanied by a family member or friend who would translate for them. There were arrangements in place to access telephone interpretation services for urgent appointments or book an interpreter to accompany patients where appointments were booked in advance.

The practice accepted any patient who lived within their practice boundary irrespective of ethnicity, culture, religion or sexual preference. Some staff had undertaken equality and diversity training in 2014; other staff were due to receive this training during the current year. Staff we spoke with confirmed this.

Access to the service

Opening times at each surgery were between 8:30am and 5.30pm Monday to Friday. All branches were closed for lunch each day between 12:30pm and 1.30pm. The North Shields branch was open until 7:00pm Monday to Thursday. The Tynemouth branch was open on Saturdays between 8:30am and 12.00pm and the Hadrian Park branch was open from 7:30am on Wednesdays and until 7:00pm on Thursdays.

Patients were able to book appointments either by calling into the practice, on the telephone or using the on-line system. Face to face and telephone consultations were available to suit individual needs and preferences. Home visits were also made available every day.

The practice manager told us if a patient wanted an urgent appointment then they could have one the same day. Reception staff had been trained to take note of any urgent problems and notify the doctor, for instance, an unwell child or parental concern. This was confirmed when we observed reception staff taking calls from patients; patients were offered appointments on the same day.

The practice management team were aware that there had been concerns in the past from patients about access to appointments. Steps had been taken to address the issues, including regular reviews and trials of various appointment systems to meet demand. An additional GP had also recently been employed. The practice felt that patients were happy with current access arrangements. The most recent National GP Patient Survey (January 2015) showed 80% (compared to 86% nationally) of respondents were able to get an appointment or speak to someone when necessary. The majority of patients we spoke with confirmed they were able to get an urgent appointment at short notice. We saw the next routine face to face appointment was available within two days; telephone conversations were available the following day.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. The local out of hour's provider was Northern Doctors Urgent Care (NDUC).

We found the practice had an up to date booklet which provided information about the services provided, contact details and repeat prescriptions. The practice also had a clear, easy to navigate website which contained detailed information to support patients.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

England and there was a designated responsible person who handled all complaints in the practice. The complaints policy was outlined in the practice leaflet and was available on the practice's website.

One out of the 10 patients we spoke with on the day of the inspection said they had felt the need to complain or raise concerns with the practice. None of the 21 CQC comment cards completed by patients indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy. They told us they would deal with minor matters straight away, but would inform the practice manager of any complaints made to them. Patients could therefore be supported to make a complaint or comment if they wanted to.

The practice had received 10 formal complaints in the 12 months prior to our inspection and these had been reviewed as part of the practice's formal annual review of complaints. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at staff meetings. Staff we spoke with felt involved in the process.

We looked at some of the complaints the practice had received. We saw these had all been thoroughly investigated. The complainant had been communicated with throughout the process and the practice apologised when they did not do as well as they should have done. We saw the clinicians involved had reviewed what had happened and what could be learnt to prevent a reoccurrence. For example, guidance on visiting patients who were staying with relatives had been revised.

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 had a vision to deliver high quality care and promote good outcomes for patients. The practice statement was outlined in the two year business plan and was 'Priory Medical Group aims to offer good clinical care, maximising its value to the National Health Service'.

Staff told us they knew and understood what the practice was committed to providing and what their responsibilities were in relation to these aims. They all told us they put the patients first and aimed to provide person-centred care.

Externally facilitated strategic planning meetings were held every six months and were attended by the GP partners and the practice manager. These meetings were used to review any changes that needed to be made to take account of contractual changes in the GP contract, to reaffirm what the practice did well, what its priorities were for the year ahead, and what changes needed to be made to make further improvements to patient outcomes.

Four salaried GPs had recently been employed by the practice. The practice had considered this essential for succession planning and were keen to support the development of these GPs. For example, one of the GPs had an interest in information technology and was therefore given the lead role within the practice. Another was shadowing a GP partner during minor surgery sessions, with the aim of taking over as the lead in the future. The two year business plan included areas for further development, for example, improving IT skills and developing the nursing team. Each planned improvement had timescales for completing actions and regular reviews of progress were scheduled.

Governance arrangements

The practice had some systems in place to measure performance but these were not always effective. Many of the concerns we identified throughout the inspection happened because of this. For example, if regular checks on medicines had been carried out then it would have been unlikely that we found out of date items.

There were no arrangements in place to regularly audit areas such as infection control. An effective audit would have highlighted the need to carry out a risk assessment for the presence of legionella and would have likely identified that the storage of patient specimens in vaccine fridges was not appropriate.

There were some audits in place that were not effective. For example, a health, safety and welfare monitoring report had been completed for each of the three sites. These were checklists which did not refer to actions to be taken to improve performance. The checklist for the North Shields surgery referred to the need consider replacing the carpet in the first floor waiting room. There were no specific actions or timescales to address this, therefore the audit would not effectively lead to improvement.

The practice had a number of policies and procedures in place to govern activity. These were available to staff via the shared drive on any computer within the practice. Most of the policies and procedures, with the exception of the recruitment policy, had been reviewed regularly and were up-to-date.

There was a management team in place to oversee the practice. The practice used the Quality and Outcomes Framework (QOF) as an aid to measure their performance. The practice had achieved an overall QOF score of 98.3% of the maximum points available in 2013/2014; this achievement was above both the local Clinical Commissioning Group (CCG) and the national averages (96.8% and 93.5% respectively). This confirmed the practice had delivered care and treatment in line with expected national standards.

Leadership, openness and transparency

There was a well-established management team with clear allocation of responsibilities. For example, one of the GP partners was the lead for minor surgery, and another was the safeguarding lead. We spoke with staff from different teams; they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us that the practice was well led. We saw that there was strong leadership within the practice and the managers were visible and accessible. Records showed that regular meetings took place for all staff groups. The practice manager told us that due to the geography and having three sites, it was difficult for the whole team to meet. They said an annual 'all staff' meeting was held. A

Are services well-led?

Requires improvement

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

'Quality Group' had recently been established, to encourage two way communication between GPs and staff. Representatives from all teams attended monthly meetings. Staff we spoke with were positive about the group and felt it would improve the sharing of information.

The practice manager told us that they met with the GPs every month and information from these meetings was shared with staff. Staff told us that the GPs, practice manager and team leaders were very supportive. We saw examples where staff had been supported and encouraged to develop their skills through discussions at team meetings and through individual appraisals.

We found the practice learned from incidents and near misses. Significant events meetings were held where such issues were discussed. Lessons learned from these discussions were shared with the relevant team members.

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

The practice had made arrangements to seek and act on feedback from patients and staff. The practice manager told us they had been proactive in seeking feedback. There was a section on the website where patients could submit comments or suggestions and suggestion boxes in the waiting rooms.

There was an active patient participation group (PPG) open to all patients. The PPG contained representatives from some of the key population groups. Regular meetings were held; the practice manager and a GP from the practice always attended to support the group. We spoke with two members of the PPG and they felt the practice supported them fully with their work and took on board and acted on any concerns they raised.

As a result of the PPG discussions various public information sessions were arranged for practice patients. This included informal coffee mornings with external experts on heart disease and Macmillan nurses.

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 recently introduced the FFT, there were questionnaires available in the waiting rooms and instructions for patients on how to give feedback. The practice manager told us the comments and feedback would be reviewed regularly.

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff we spoke with told us their regular meetings provided them with an opportunity to share information, changes or action points. They confirmed they felt involved and engaged in the running of the practice.

The practice had whistleblowing procedures and a detailed policy in place. Staff we spoke with were all able to explain how they would report any such concerns. They were all confident that concerns would be acted upon.

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place.

Staff from the practice also attended the monthly CCG protected learning time (Time In, Time Out) initiative. This provided the team with dedicated time for learning and development.

The practice demonstrated its strong commitment to learning by providing opportunities for medical students to complete training placements at the practice. The practice was a well-established GP training practice. Only approved training practices can employ GP registrars and the practice must have at least one approved GP trainer. A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The management team met monthly to discuss any significant incidents that had occurred. Reviews of significant events and other incidents had been completed and shared these with staff. Staff meeting minutes showed these events and any actions taken to reduce the risk of them happening again were discussed.

The practice manager met with other practice managers in the North Tyneside area and shared learning and experiences from these meetings with colleagues.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Some information (references, explanations of gaps in employment) specified in Schedule 3 of the Health & Social Care Act 2008 in respect of people employed for the purposes of carrying on a regulated activity was not available. Arrangements were not in place to check that people employed for the purposes of carrying on a regulated activity were registered with professional bodies. This was in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not protected against identifiable risks of acquiring a health care associated infection because there were no audit arrangements in place and no legionella risk assessments had been undertaken. Appropriate standards of cleanliness and hygiene were not maintained in relation to equipment because patient specimens were stored in medicines fridges.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.