

# Falcon Medical Group

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Falcon Medical Group on 06 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Most staff had received training appropriate to their roles; however, some gaps in training were identified as part of the inspection.
- The practice was engaged with the local clinical commissioning group (CCG) and NHS England.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice worked well with the patient participation group.
- Information about services and how to complain was available and easy to understand.
- There was a daily urgent access clinic at the practice and lunchtime appointments were available each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice held a clinical team meeting each day. This meeting provided a forum for a wide range of issues, for example, acute care, complaints and

# Summary of findings

practice development. The meeting supported communication and team working at the practice and facilitated effective clinical care and also ensured clinicians were not working in isolation.

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

The provider should:

- Continue with the process of registration for a new registered manager at the practice.

- Review arrangement for the storage and distribution of blank computer prescription forms to take into account national guidance.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes and monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice was clean and hygienic. The practice had a comprehensive plan for dealing with emergencies.

Good



### Are services effective?

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

Good



### Are services caring?

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

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. However, patients said they did not find it easy to make an appointment with a named GP. Urgent appointments were available the same day and appointments were available at lunchtimes and on some Saturdays. The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. They acted on suggestions for improvements and changed the way they delivered services in response to feedback from the patient participation group (PPG).

## Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. The patient participation group (PPG) was active and engaged by the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with heart failure. This was 2.1% above the local CCG and national averages. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice was linked to a local Nursing home and attended this home regularly. Disabled access to the practice was good and a hearing loop was available.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and were offered a structured annual review to check that their health and medication needs were being met. Housebound patients were also supported by the district nursing team. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice discussed patients on the palliative care register at their daily clinical meeting to ensure effective support. Nationally reported data showed that outcomes for patients were good for patients with long term conditions. For example, the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with asthma. This was 3.4% above the local CCG average and 2.6% above the England average.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young

Good



# Summary of findings

people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice was open regularly on Saturdays to support access and it provided same day appointments by the provision of a duty doctor and nurse practitioner. The practice completed the 'You're Welcome' initiative to promote services for young people. The practice website links to a shared website specifically for young people. The waiting room included an area for young people with focused information and easy access to chlamydia testing kits.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services. They 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 that reflected the needs for this age group. Appointments were available during lunchtimes and on some Saturdays. Telephone advice was available from GP's supporting patients who were not able to attend the practice during working hours. The practice provided a travel clinic and had attended the fresher's fair of one of the local universities resulting in over 200 new registrations.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had carried out annual health checks for people with a learning disability and 89% of these patients had received this check. They offered longer appointments for people with a learning disability. The practice used easy read leaflets to help ensure patients have the information they need in a format they can understand.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of

Good



# Summary of findings

safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients are able to register at the practice even if they cannot provide proof of identity or address.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Nationally reported data showed the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with dementia. This was 4.7% above the local CCG average and 5.5% above the England average. The practice offered annual reviews for patients on the mental health register and 92% of those eligible had attended. For those patients who were on the dementia register 86% had attended for a physical health check in the last year. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice had mixed results but was generally performing in line with local and national averages. There were 336 forms distributed and 111 responses giving a response rate of 33%. This was 1.8% of the practice population.

- 89.4% found it easy to get through to this surgery by phone compared with a CCG average of 78.5% and a national average of 73.3%.
- 91.7% found the receptionists at this surgery helpful compared with a CCG average of 87.2% and a national average of 86.8%.
- 54% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61.1% and a national average of 60%.
- 77.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.9% and a national average of 85.2%.
- 86.6% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 91.8%.
- 72.9% described their experience of making an appointment as good compared with a CCG average of 74.2% and a national average of 73.3%.
- 73.2% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.9% and a national average of 64.8%.
- 61.9% felt they didn't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards of which 16 were positive about the standard of care received, three contained negative comments but there was no theme to the concerns raised. Patients commented on how they were treated with respect, listened to and an excellent service provided by the practice. We also spoke with the two members of the patient participation group and four patients on the day of the inspection.

## Areas for improvement

### Action the service **SHOULD** take to improve

The provider should:

- Continue with the process of registration for a new registered manager at the practice.
- Review arrangement for the storage and distribution of blank computer prescription forms to take into account national guidance.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes and monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.

## Outstanding practice

We saw one area of outstanding practice:

- The practice held a clinical team meeting each day. This meeting provided a forum for a wide range of issues, for example, acute care, complaints and practice development. The meeting supported communication and team working at the practice and facilitated effective clinical care and also ensured clinicians were not working in isolation.

# Falcon Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Falcon Medical Group

The practice is located in Molinuex Street NHS Centre, Newcastle and provides primary medical services to patients living in the Battlefield, Benton, Byker, Heaton, Gosforth, Jesmond, Longbenton, Sandyford, Shieldfield, Wallsend and Walker areas of the City of Newcastle. The practice provides services from one location.

The practice shares premises with another GP practice and external services and is based on the ground floor of a purpose built building. There is on-site parking, disabled parking, a disabled WC and access is step-free. There is sufficient room for wheelchairs to move around the surgery.

The practice has five GP partners (two male, three female). The practice employs a practice manager, two practice nurses, a health care assistant and ten staff who carry out administrative or reception duties. The practice provides services for around 6,500 patients based on a General Medical Services (GMS) contract.

The practice is open from 8:15am to 6:30pm Monday to Thursday. On Friday the practice is open from 8:15am to 1pm and 2pm to 6:30pm.

The practice has an open clinic from 10am to 10:45am Monday to Friday, with doctors or a nurse practitioner available.

The practice opens from 9am to 12pm on the first Saturday of every month and then from 9am to 11:30am every other Saturday.

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

The service for patients requiring urgent medical care out of hours is provided by the 111 services and Northern Doctors Urgent Care (NDUC).

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

# 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 06 October 2015. During our visit we spoke with two members of the patient participation group and four patients, and a range of staff from the practice. We spoke with three GPs two nurses, the practice manager, the administration manager and three members of the administration staff. We observed how staff received patients as they arrived at the practice and how staff spoke with them. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. The practice discussed these events at the daily practice meeting and at monthly significant event meetings. The practice carried out a monthly analysis of the significant events. Staff said that they were informed of the outcomes of these meetings by email and details were available to all staff. They also said they were comfortable in reporting issues.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event a process was introduced to review patients who attended Accident and Emergency regularly.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents and the Safeguard Incident and Risk Management System (SIRMS). SIRMS is the local reporting system and this was used by the practice when the event crossed practice or healthcare system boundaries.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance, if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. Staff we spoke with were able to describe examples of safeguarding concerns and were aware of the leads at the practice. Details for local safeguarding contacts were available in clinical rooms and in the reception area.

- A notice was displayed in the waiting room and the clinical rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessment and fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is the bacterium that causes legionnaire disease which is a serious form of pneumonia.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and most clinical staff had received up to date training. However, the nursing assistant and most of the administrative staff had not undertaken any infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to support the practice in prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. However, the system for the storage and distribution of blank computer prescription forms was not in line with national guidance. No record was kept when items were distributed from storage, the practice could not be immediately aware if items were missing. A record that logs the start and end number of the items distributed helps alert practices to missing items quickly.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. A duty doctor was available each day who, for example, provided telephone advice

for patients. The practice had recently started working with a Nurse Practitioner as part of a pilot project with the Newcastle upon Tyne Foundation Trust with the aim to improve patient access to services.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available off site to ensure it could always be accessed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. For example, they held a monthly clinical or educational meeting to ensure staff shared learning. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.5% of the total number of points available, with 6.1% exception reporting. The practice was above the CCG average and England average for all clinical indicators. Results from 2013-2014 showed;

- Performance for diabetes related indicators was better than the CCG and national average. (100% compared to 93.5% and 90.1%)
- Performance for hypertension related indicators was better than the CCG and national average. (100% compared to 93.6% and 88.4%)
- Performance for mental health related indicators was better to the CCG and national average (100% compared to 96.4% and 90.4%)
- Performance for and hypertension indicators was better to the CCG and national average (100% compared to 93.6% and 88.4%)

The practice held monthly meeting to monitor QOF performance. They provided details of the clinical audits which were carried out in the last year. Clinical audits demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been five clinical audits completed in the last year, none of these were completed audits where the improvements made were implemented and

monitored. However, the practice had already planned to re-audit two of these clinical audits. Additionally, two of the audits were being reviewed regularly with pharmacy support. Staff told us there was currently no plan or schedule of audits at the practice but that this was being reviewed. The practice participated in applicable local audits, local benchmarking, and peer review. Findings were used by the practice to improve services. For example, following the audit of patients prescribed anti-psychotic medication the practice introduced regular reviews for new patients added to the mental health register.

Information about patient's outcomes was used to make improvements such as; implementing the changes to dementia care planning required to achieve QOF outcome targets.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to most of the appropriate training to meet these learning needs and to cover the scope of their work. Staff received training that included: safeguarding, fire procedures, basic life support and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training
- However, when we reviewed training records we found that not all administration staff had undertaken information governance training. Information governance training supports staff in keeping patient data secure.
- Training needs were identified by ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff whose files we checked had been appraised within the last 12 months.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a daily basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A counsellor was available on the premises and smoking cessation advice was available from a local support group. Information such as NHS patient information leaflets were also available.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.7%, which was comparable to the CCG average of 81% and the national average of 81.9%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.9% to 100%. For five year olds the rates ranged from 92.7% to 98.8%.

Flu vaccination rates were above national rates. The practice performance for the over 65s was 79.6% compared to the national rate of 73.2%. For at risk groups, the practice performance was 61.9% compared to the national rate of 52.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available to patients.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. However, we noticed that it was possible to overhear the conversations taking place in the nurse's rooms and some of the consultation rooms. The practice told us that they planned to take steps to address this issue so that conversations could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Sixteen of the 19 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, listened to patients, were caring and the practice was hygienic. We spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, patients we spoke with said it was difficult to see a named GP in a timely manner.

Results from the national GP patient survey showed patients were generally satisfied with how they were treated. The practice results were above and below local and national averages for satisfaction scores for consultations with doctors and nurses. For example:

- 90.3% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 86.8%.
- 89.1% said the GP gave them enough time compared to the CCG average of 88.3% and national average of 86.6%.

- 95.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 83.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and national average of 85.1%.
- 96.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 91%.
- 91.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.2% and national average of 88.8%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey we reviewed showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example:

- 83.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.1% and national average of 86%.
- 80.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. The practice had alerts on patient records when patients required a translator to make sure patients had this support available. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment



## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. A good range of information was available to patients. The information available was clearly displayed.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

were carers and patients were being supported on an ad hoc basis. Written information was available for carers to ensure they understood the various types of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. The practice shared this information with relevant colleagues, for example district nurses and hospitals.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice participated in the local practice engagement programme with Newcastle Gateshead CCG. As part of this programme the practice was working to increase its recording of smoking status for patients with mental health issues and to improve the management of childhood asthma, this work is ongoing. The practice was also working with NHS England to reduce its antibiotic prescribing rates and had linked some audit work to this.

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

- The practice offered appointments from 8:30am and during lunchtime each day; they also offered appointments on Saturdays each month for working patients who could not attend during weekday opening hours.
- The practice had an urgent access clinic between 10am and 10:45am Monday to Friday; ensuring patients needing an urgent appointment did not have to wait for an appointment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities, a hearing loop and translation services were available. The practice system highlighted the need for translation services when appointments were booked.
- The practice used text reminders for appointments and telephone reminders for vulnerable patients. Easy read letters were used for patients with learning disabilities.
- The practice had worked with the Primary Care Foundation to review their appointment system and had implemented their recommendations to support patient access.
- The practice had introduced a new telephone system to support access for patients.
- The practice had attended a local fresher's fair and over 200 students had registered with the practice following this.

### Access to the service

The practice was open from 8:15am to 6:30pm Monday to Thursday. On Friday the practice was open from 8:15am to 1pm and 2pm to 6:30pm. The practice was open from 9am to 12pm on the first Saturday of every month and then 9am to 11:30 am every other Saturday. In addition pre-bookable appointments could be booked up to 4 months in advance; urgent appointments were also available for people that needed them.

The practice had an open clinic from 10am to 10:45am Monday to Friday, with doctors or a nurse practitioner available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to obtain appointments when they needed them. For example:

- 77.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 89.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.5% and national average of 73.3%.
- 72.9% patients described their experience of making an appointment as good compared to the CCG average of 74.2% and national average of 73.3%.
- 73.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.9% and national average of 64.8%.

However, patients we spoke with on the day told us that it was not easy to make an appointment with their preferred GP. The practice were aware of this issue and were working to address the concerns of the patients, however, difficulties remained for those GP's who worked part time.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system. For example, information was displayed in reception, a leaflet was available for patients and information was also available on the practice website.

We looked at five complaints received in the last 12 months and found these were dealt with satisfactorily. Complaints were dealt with in a timely way and there was openness and transparency in dealing with the complaint. Contact with the patients was clear and easy to follow included an apology when appropriate. Two of the complaints received

during 2014-2015 had been referred to the Health Service Ombudsman but were not upheld. The Health Service Ombudsman makes final decisions on complaints that have not been resolved by the NHS. The practice carried out an annual review of complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, improvements had been made to record keeping and x-rays introduced for patients who had joint injections which aided better diagnosis.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice staff knew and understood the values. The practice was working to complete a business plan with support from the local CCG. The practice was aware of the challenges faced by the practice and was working to address these. For example, the practice was currently in the process of recruiting an additional GP to replace a GP who was leaving the practice in the near future. This demonstrated planning that took into account the future needs of the practice.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Each GP had lead areas, for example palliative care, long term conditions and education and staff we spoke with were aware of these.
- Practice specific policies were implemented and were easily available to all staff.
- A comprehensive understanding of the performance of the practice, for example QOF was monitored each month.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- At the time of the inspection the practice did not have a registered manager in post, and had not for some 18 months, changes to the registered manager needed to be acted upon promptly. An application has now been submitted and this will be monitored.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. For example the clinical staff met daily, team meeting were held each month. Also, clinical or education meetings were held each month, for example to review the prescribing process. Staff said that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged them to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice now displayed a photograph of each member of staff in reception and had moved the chairs in reception so that patients were not focused on the interactions at the reception desk. The PPG were very positive about the staff at the practice who were described as welcoming and pleasant. The practice manager was in regular contact with the members of the PPG. Information on the work of the PPG including changes made following their suggestions was available in reception.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, during the inspection a member of staff discussed how the no blame culture had helped them learn from mistakes. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

## Are services well-led?

Good 

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

There was a strong focus on communication and team working in the practice. The clinical team met each day which aided communication, team working, patient safety and reduced clinical isolation.