

# Brownery House Surgery

## Quality Report

Front Street  
Langley Park  
County Durham  
DH7 9YT

Tel: 0191 373 2860

Website: [www.browneryhousesurgery.com/](http://www.browneryhousesurgery.com/)

Date of inspection visit: 1 March 2016

Date of publication: 15/04/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Browney House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Browney House Surgery on 1 March 2016. 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. However, we found that some of the systems to keep patients safe had not been implemented effectively.
- The practice had a number of policies and procedures to govern activity, however the standard operating procedures in the dispensary did not cover all processes required.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and the practice nurse was undertaking further training in respiratory disease management.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were available to book the following 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 management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

The areas where the provider must make improvement are:

The practice **must:**

Ensure that medicines, including controlled drugs, are stored safely and securely (including checking fridge temperatures daily), and disposed of appropriately in accordance with the relevant legislation.

Ensure recruitment arrangements include all necessary employment checks for all staff.

The areas where the provider should make improvement are:

The practice **should:**

Ensure appropriate systems and processes are in place to assess, monitor, and improve the quality of services in relation to the dispensing of medicines.

**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 requires improvement for providing safe services.

**Requires improvement**



- Staff mainly understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, medicines safety alerts received by the practice manager did not have a robust system in place to record actions taken or what to do in the event the practice manager was off.
- Information about safety was mainly recorded, monitored, appropriately reviewed and addressed. Staff did not keep a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary) and there were no records of dispensing errors that had reached patients. Errors could not be analysed, and learning shared to prevent reoccurrence.
- There were enough staff to keep patients safe.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

For example;

Returned controlled drugs were stored securely but not destroyed in a timely manner.

Medicines safety alerts were received by the practice manager but no robust system was in place to record actions taken or what to do in the event the practice manager was off.

There had been no fire drills recently.

The fridge temperature at the branch surgery had not been checked daily.

There was a recruitment policy however we found that some checks had not been done prior to recruitment.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with the local CCG (Clinical Commissioning Group) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had received training appropriate to their roles and the practice nurse was due to undertake training in respiratory disease management.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the National GP Patient Survey showed 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.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Friday evening until 6.30pm for working patients who could not attend during normal opening hours
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

**Good**



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The standard operating procedures relating to the dispensary did not cover all processes, for example procedures were not in place for dispensing, assembling dosette boxes and handling of controlled drugs
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk with the exception of those relating to the dispensary.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- As part of the 'Improving outcomes scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff and the GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice nurse was in the process of undertaking extra training in chronic disease management to enable them to do annual reviews for these patients. The community respiratory nurses and the GPs were doing these reviews at present.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example;

The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to a national figure of 78%.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- 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 relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 76% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 85% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Nationally reported data from 2014-2015 showed 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 95% compared to a national average of 88%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 308 forms distributed for Browney House Surgery and 112 were returned. This represented a response rate of 38% which equates to just over 4% of the practice list size.

The practice scored higher than average in terms of patients being able to access appointments. For example:

- 94% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 87% of respondents describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 85% of respondents feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%

Results regarding being included in decisions about care and being treated with care and concern were in line with local and national averages. For example:

- 90% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 90% and a national average of 87%
- 88% of respondents say the last GP they saw or spoke to was good at explaining tests and treatment treating compared with a CCG average of 89% and a national average of 86%.
- 88% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92% and a national average of 89%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards and spoke with four patients, including one patient at the branch surgery and one member of the Patient Participation Group (PPG). All of these were positive about the standard of care received. Patients stated they found it easy to get an appointment. Staff were consistently described as polite, helpful and caring. Patients on the day stated they felt listened to by the GPs and that the practice strove to accommodate them.

## Areas for improvement

# Brownney House Surgery

## 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 advisor, a CQC Pharmacist Inspector, an Expert by Experience and a Practice Nurse specialist advisor.

## Background to Brownney House Surgery

Brownney House Surgery is a purpose built GP premises in Langley Park. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours. The practice covers the village of Langley Park, which is an ex-mining community. There is also a branch surgery at Lanchester (Croft View) which was also visited during the inspection. There are 2700 patients on the practice list and the majority of patients are of white British background.

The practice is a partnership with two partners, one clinical and one non clinical. It is a single handed GP practice. There is one Practice Nurse, a Business Manager and a Practice Manager. There is a team of dispensing, reception and administration staff. The practice use regular locums who they employ as they have struggled to recruit new salaried GPs.

The practice is open between 8am and 5.30pm Mondays, Wednesdays and Fridays and between 8am and 6pm on Tuesdays and Thursdays. The branch surgery at Lanchester is open on Mondays, Wednesdays and Fridays between 4.30pm and 6.30pm and on Tuesdays and Thursdays between 11am and 12pm. Extended hours are offered at

the branch surgery until 6.30pm on Mondays, Wednesdays and Fridays. The practice has an agreement with North Durham CCG if patients require a GP outside of their opening hours.

Patients requiring a GP outside of normal working hours (after 6.30pm) are advised to contact the GP out of hour's service provided by North Durham CCG.

## Why we carried out this inspection

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 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including a GP, reception and dispensing staff, nursing staff and managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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)

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 CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, the practice had implemented a protocol following an incident regarding warfarin monitoring.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults 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 was a lead member 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. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (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).

- Appropriate standards of cleanliness and hygiene were followed at the main surgery however the branch surgery did not have a cleaning schedule and we saw dust on the curtain rails on the day we inspected. The practice rectified this immediately and implemented a cleaning schedule. The business manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The location of the dispensary was in a busy thoroughfare and not fully secure as access to the area was not restricted. This meant that unauthorised persons could gain access. Following the inspection we were informed that the practice had fitted a punch code lock to the dispensary door to secure the area.
- The practice had a limited number of standard operating procedures (these are written instructions about how to safely dispense medicines). The procedures did not cover all processes, for example procedures were not in place for dispensing, assembling dosette boxes and handling of controlled drugs. Standard operating procedures were not stored centrally and were not easily accessible to all relevant staff. Following the inspection we were told that the practice had worked alongside the Pharmacist employed by the CCG to develop robust standard operating procedures which were accessible to all staff.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. Staff had annual appraisals and as part of this process the dispensing competency was assessed by the lead GP and practice manager. Medicines safety alerts were received by the practice manager but no robust system was in place to record

## Are services safe?

actions taken or what to do in the event the practice manager was off. We were told that staff did not keep a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary) and there were no records of dispensing errors that had reached patients. This meant errors could not be analysed, and learning shared to prevent reoccurrence. The practice implemented a 'near miss' record following the inspection.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and records were appropriately maintained. The controlled drug cupboard did not meet the requirements set out in legislation. Returned controlled drugs were stored securely but not destroyed in a timely manner for example one medicine had been stored in the cupboard since January 2014. Following inspection we were informed that all returned controlled drugs had been destroyed by the CCG Pharmacist and all relevant sheets and paperwork were signed off in the Controlled Drug Register by the Pharmacist.
- Processes were in place to check medicines were within their expiry date using the dispensary computer system. A limited stock was held within the dispensary to reduce the incidence of waste. Expired and unwanted medicines were disposed of in line with waste regulations however the practice didn't have appropriate bins for disposal of cytotoxic medicines. The business manager told us that they would rectify this. Staff told us how they managed medication review dates and how prescriptions were monitored, including those that had not been collected.
- Medicines requiring refrigeration were stored and monitored appropriately, with the exception of medicines at the branch surgery as the fridge temperature was not checked daily. The practice told us that they would put a system in place for daily monitoring immediately. Staff were aware of what action to take if the fridge went out of the recommended range.
- Blank prescription forms were handled in accordance with national guidance and the practice kept them

securely. However no procedure was in place to track prescription forms after they had been received into the practice, which would identify if any were missing. The practice informed us that this would be implemented.

- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice. PGDs and PSDs are written instructions which allow specified healthcare professionals to supply or administer medicines in line with legislation. However we found that there was no system in place for the production of PSDs in place for the administration of depo-provera (a contraceptive injection).
- We reviewed six personnel files and found not all 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. A DBS check had not been completed for one of the locum GPs. The practice immediately rectified this by instigating a DBS check.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out regular fire drills. We were told that a fire drill was planned in the next two weeks. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- 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.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- 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. A first aid kit and accident book were 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example;

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% compared to a national figure of 78%.

The percentage of patients with diabetes, on the register, who had had the influenza immunisation in the preceding 12 months was 99% compared to a national average of 94%

- The percentage of patients with hypertension having regular blood pressure tests was the same as the national average at 84%.

- Performance for mental health related indicators was similar to the national average; the percentage of patients with physical and/or mental health conditions whose notes recorded a smoking status in the preceding 12 months was 96% compared to a national average of 94%.

The QOF results were relating to the 2014-2015 figures. We were told that the results with regard to respiratory disease had fallen due to the fact that reviews were not being undertaken at present.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included further e-learning for clinicians with regard to correct antibiotic prescribing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. The practice nurse was relatively new to the practice and was completing training in chronic disease management. We were told that the practice nurse was due to commence training in respiratory disease management. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff mainly had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. We were told that information governance awareness was to be undertaken by staff. The practice was introducing an e learning package to support staff in accessing required training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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 quarterly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- 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 dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 93% to 100%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with four patients and they said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them (CCG average 92%, national average of 89%).
- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

- 98% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

Patients told us 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local CCG and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments (national average 86%).
- 82% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer's register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Friday evening until 6.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 5.30pm on Monday, Wednesday and Friday, 8am to 6pm on Tuesday and 8am to 12pm on Thursday. The branch surgery at Lanchester was open 4.30pm to 6.30pm on Monday, Wednesday and Friday and 10am to 12pm on Tuesday and Thursday. Extended surgery hours were offered at the branch surgery. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local CCG and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 87% patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about parking in disabled bays the practice had put up awareness notices in the surgery.

# 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 had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

### 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 that staff were aware of their own roles and responsibilities
- Policies were implemented and were available to all staff. The practice was in the process of ensuring that policies were accessible on the computer system as they were currently in paper format
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

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 they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt 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 all members of staff 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had organised a Saturday morning flu vaccination clinic in response to PPG feedback.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

## Are services well-led?

Good 

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

to improve outcomes for patients in the area. An example of this was that the practice held a register and reviewed patients who were at risk of unplanned emergency admission to hospital.

## 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable in managing medicines safely; medicines, including controlled drugs, were not stored safely and securely or disposed of appropriately in accordance with the relevant legislation.</p> <p>Appropriate systems and processes were not in place to assess, monitor, and improve the quality of services in relation to the dispensing of medicines.</p> <p>Guidance for the security of blank prescriptions was not being followed.</p> <p>Regulation 12(2)(g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</b></p> <p><b>Fit and proper persons employed</b></p> <p>How the regulation was not being met:</p> <p>Recruitment arrangements did not include all necessary employment checks for all staff.</p> <p>Regulation 19(3)(a) schedule 3</p>

This section is primarily information for the provider

## Enforcement actions

### 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.