

# Haydon Bridge and Allendale Medical Practice

## 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 Haydon Bridge and Allendale Medical Practice on 16 July 2015. Overall the practice is rated as good.

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

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. The premises were clean and tidy. Arrangements in the practice for managing medicines, including emergency drugs and vaccines, kept patient safe. There were appropriate recruitment checks in place.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care. The practice promoted health education to empower patients to live healthier lives.
- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful.
- The practice had systems in place to respond to and act on patient complaints and feedback. 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. Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. In the survey 100% described their overall experience as good and 100% said they would recommend the surgery to family and friends.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had fully involved stakeholders in the decision to merge the two practices in April 2014. The patient participation group (PPG) was supporting the practice to improve. The staff worked well together as a team.

The areas where the provider should make improvement are:

- Review as planned the policy and procedures relating to the chaperone service, to ensure patients and staff are protected by having appropriately recruited and trained chaperones.

# Summary of findings

- Continue to monitor and improve their approach to infection control by regularly undertaking an audit of their infection control procedures.
- Ensure at the branch surgery that blank prescriptions are recorded in accordance with national guidance to reduce the risk of theft or misuse.

**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. The practice was able to provide evidence of a good track record for monitoring safety issues. When things went wrong, lessons were learned and improvements were made.

The practice could demonstrate they had a safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicines management and staffing. Although recruitment checks were carried out, the practice should consider their approach to Disclosure and Barring Service checks to ensure where non-clinical staff work with patients who may be vulnerable, they have appropriate background checks carried out to determine their suitability.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable to averages for the locality and nationally. Staff referred to guidance from the National Institute for Health and Care Excellence, other best practice and local guidance. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and relevant training planned. There was evidence of appraisals and personal development plans for all staff. The practice worked with multi-disciplinary teams.

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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. Staff had reviewed the needs of the practice's local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services

Good



# Summary of findings

where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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 that 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. 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 it acted on. The patient participation group (PPG) was supporting the practice to improve. Staff had received inductions, regular performance reviews and attended team 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. The practice offered proactive, personalised care to meet the needs of the older people in its population and provided a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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 an emergency hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. 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.

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 relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. A drop in clinic was available to young people registered with the practice where they could receive health advice or treatment including sexual health services. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



### 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

Good



# Summary of findings

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 reflects the needs for this age group.

## 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. It had carried out annual health checks and offered longer appointments for people with a learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



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

The practice is rated as good for the care of people with poor mental health (including patients with dementia). The practice held a register of patients experiencing poor mental health and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. They had systems in place to follow up patients who had attended Accident and Emergency (A&E).

Good



# Summary of findings

## What people who use the service say

We spoke with six patients during the inspection. This included two patients from the practice Patient Participation Group (PPG).

Patients told us staff were friendly, and treated them with dignity and respect. Also, when they saw clinical staff, they felt they had enough time to discuss the reason for their visit and staff explained things to them clearly in a way they could understand. Patients told us they could get an appointment easily, and this was always quickly if there was an urgent need. Patients were generally happy with the appointments system.

We reviewed the three Care Quality Commission (CQC) comment cards completed by patients prior to the inspection. These all commented positively on the practice, staff and the care and treatment offered. In particular, patients commented: staff were kind and helpful; it was easy to get an appointment; and, the practice was always clean and tidy.

The latest GP Patient Survey published in January 2015 showed the majority of patients were satisfied with the services the practice offered. All patients who responded described their overall experience as good. (100% compared to a national average of 85.2%.) Similarly, all patients would recommend the surgery to someone new to the area (compared to a national average of 78%).

These results were based on 118 surveys that were returned from a total of 262 sent out; a response rate of 45%. This was about 2% of the practice population.

The three responses in the National GP Patient Survey to questions where the practice performed the best when compared to other local practices were:

- 91% of respondents with a preferred GP usually get to see or speak to that GP (compared to a local Clinical Commissioning Group (CCG) average of 62% and a national average of 60%).
- 98% of respondents find it easy to get through to this surgery by phone (compared to a local CCG average of 77% and a national average of 73%).
- 99% of respondents would recommend this surgery to someone new to the area (compared to a local CCG average of 81% and a national average of 78%).

Even those areas where the practice performed less well compared to local and national averages, the practice still demonstrated high performance. For example,:

- 98% of respondents had confidence and trust in the last nurse they saw or spoke to (compared to the local CCG average of 99% and a national average of 97%);
- 95% of respondents said the last nurse they saw or spoke to was good at giving them enough time (compared to the local CCG average of 95% and national average of 92%);
- 96% of respondents say the last nurse they saw or spoke to was good at listening to them (compared to a local CCG average of 93% and a national average of 91%).

Patient feedback through the NHS Friends and Family Test (FFT) was very positive. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). We saw the last two months summary of this feedback. This demonstrated patients were highly likely to recommend the practice to family and friends.

## Areas for improvement

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

- Review as planned the policy and procedures relating to the chaperone service, to ensure patients and staff are protected by having appropriately recruited and trained chaperones.

- Continue to monitor and improve their approach to infection control by regularly undertaking an audit of their infection control procedures.



## Summary of findings

- Ensure at the branch surgery that blank prescriptions are recorded in accordance with national guidance to reduce the risk of theft or misuse.

# Haydon Bridge and Allendale Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP and a specialist adviser with a background in practice management.

## Background to Haydon Bridge and Allendale Medical Practice

Haydon Bridge and Allendale Medical Practice are located in rural villages in Northumberland. The practice merged as a new partnership in April 2014. The practice provides services to just under 5500 from the following address, which we visited during this inspection:

- Haydon Bridge Health Centre, North Bank, Haydon Bridge, Northumberland, NE47 6LA
- Allendale Health Centre, Shilburn Road, Allendale, Hexham, NE47 9LG.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The catchment area for the practice is Haydon Bridge, Cawfield, Twice Brewed, Sewing Shields, Chollerford, Wall, Fourstones, Newbrough, Warden, Acomb, Melkridge, Henshaw, Bardon Mill, Riley, Lowgate, Whitfield, Catton, Allendale, Ninebanks, Sinderhope, Sparty Lea, Carrshield, Coalcleugh, and Allendheads.

The Haydon Bridge Health Centre is a dispensing practice. This means under certain criteria they can supply eligible patients with medicines directly.

They serve an area with lower levels of deprivation affecting children and people aged 65 and over, when compared to the England average. The practice's population includes more patients aged 65 and over, than the average for other practices in England. The majority of patients were of white British background.

The average male life expectancy is 79 years and the average female life expectancy is 83. These are the same as the England average. The number of patients reporting with a long-standing health condition is slightly lower than the national average (practice population 50.2% compared to a national average of 54.0%). The number of patients with health-related problems in daily life is lower than the national average (40.1% compared to 48.8% nationally). There are a higher number of patients with caring responsibilities at 22.1% compared to 18.2% nationally.

The practice is a training practice with four GP partners. There is also one GP registrar (fully-qualified doctors who spend time working in a practice to develop their skills in general practice), three practice nurses, three healthcare assistants and a team of administrative support staff. The practice opening hours are as follows:-

#### Allendale Opening Times

Monday: 8am to 6pm

Tuesday: 8am to 6pm with a late evening surgery until 8pm on alternate weeks

Wednesday: 8am to 12:30pm

Thursday: 8am to 6pm

# Detailed findings

Friday: 8am to 6pm

## Haydon Bridge Opening Times

Monday: 8am to 6pm

Tuesday: 8am to 6pm

Wednesday: 8am to 6pm (Closed from 12:00 on the 4th week of the month for training purposes)

Thursday: 8am to 6pm with a late evening surgery until 8pm alternate weeks

Friday: 8am to 6pm

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Medical Services Limited.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## 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)

The inspector:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 July 2015.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the lead GP or practice manager of any incidents and there was also a recording form available on the practice's computer system. A record of complaints was maintained, and where appropriate these were also considered as significant events. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

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, the practice had improved communication within the practice where a patient cancelled an appointment after referral to a consultant. This ensured processes were put in place to follow non-attendance with the patient to ensure their health needs were met.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and National Institute for Health and Care Excellence (NICE) guidelines. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice could demonstrate they had a safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicines management and staffing. The practice should consider some further improvements to ensure adequate safeguards were in place in some areas.

- There were arrangements in place to safeguard adults and children from abuse, which reflected relevant legislation and local requirements. Safeguarding 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.
- A notice was displayed in the waiting rooms, advising patients of the availability of a chaperone service. Staff told us it was normally the practice nurses who were asked to act as chaperones. However, if none were available reception staff had been asked to undertake this role. Although some newer non-clinical staff had been subject to a criminal records check, known as a Disclosure and Barring Service (DBS) check, others had not. These checks identify whether a person has a criminal record or is on the official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice planned to refine their policy to confirm only clinical staff with a DBS check would undertake this role going forward.
- 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 an up-to-date fire risk assessment and regular drills were carried out. All electrical 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection control prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received up-to-date training. The infection control lead was in the process of undertaking an infection control audit and we saw a copy of this part completed. The practice carried out regular monitoring for the risk of legionella. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal).
- Arrangements in the practice for managing medicines, including emergency drugs and vaccines, kept patient safe (this included obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out, with the support of the local Clinical Commissioning Group (CCG) pharmacy team. This ensured the practice was prescribing in line with best practice guidelines. Prescription pads were stored securely and at Haydon Bridge Health Centre there were systems in place to monitor their use. Improvements were required to the system for monitoring prescription pads at the Allendale Health Centre.

## Are services safe?

- At Haydon Bridge the practice dispensed medicines to patients who met certain criteria. Staff had written procedures for the safe dispensing of medicines and these were recently reviewed. There was a robust process in place for dispensing medicines, including those related to repeat prescriptions.
- Routine recruitment checks were carried out and the three staff files we sampled 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 appropriate checks through the DBS. The practice had implemented checks for all new staff recruited and all clinical staff had been subject to a DBS check. However, some existing non-clinical staff had not been subjected to a DBS check. The practice manager confirmed they were reviewing their policy on chaperoning and would review the need for non-clinical staff to have a DBS based on whether they would provide a chaperone service in the future.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure there were enough staff on duty.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to an emergency. All staff received basic life support training. The practice had a defibrillator on the premises at each surgery and oxygen with adult and children's masks. There were no child defibrillator pads at the branch surgery and we found one out-of-date defibrillator pad which the practice disposed of on the day of the inspection. Emergency medicines were easily accessible to staff in a secure area of the surgeries and all staff knew the location of these. 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 a power failure or damage to premises. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatments in line with National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance on the prescribing of laxatives for patients with constipation. The practice monitored the implementation of these guidelines by carrying out risks assessments, audits and random checks of patient records.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 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 this and, where appropriate, recorded the outcome of the assessment.

Although the clinical staff we spoke with understood the requirements of the MCA 2005, there was no mandatory training for staff in this area. Following the inspection the practice manager raised this with the Northumberland Clinical Commissioning Group (CCG) Lead for Safeguarding and the local GP federation to suggest this as an area of training for provision across the locality.

### Protecting and improving patient health

New patients were offered a 'new patient check'. The initial appointment was scheduled with one of the healthcare assistants, to ascertain details of their past medical histories, social factors including occupation and lifestyle, medications and measurements of risk factors (for example smoking, alcohol intake, blood pressure, height and weight). The patient was then offered an appointment with a GP if there was a clinical need, for example, a review of medication.

Patients who may need extra support were identified in the practice. These included patients in the last 12 months of

their lives, those at risk of developing a long term-condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were sign posted to relevant services.

The practice's uptake for cervical screening programme was 84.4%, which was comparable to the national average of 81.9%.

The practice offered a full range of immunisations for children, as well as travel and flu vaccinations, in line with current national guidance. The practice performed slightly lower than other practices within the local CCG area on rates for a number of childhood vaccinations. For example, childhood immunisation rates for the vaccinations given to children under two ranged from 77.5% to 96.7% and for five year old children from 72.4% to 82.8%.

The percentage of patients in the 'influenza clinical risk group', who had received a seasonal flu vaccination, was higher at 76.3% than the England average of 73.2%. The seasonal flu vaccination rates for over 65s were higher at 66.3% compared to a national average of 52.3%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 74 years. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormal results or risk factors were identified.

### Coordinating patient care

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 records system and intranet. This included care and risk assessments, care plans, medical records and test results. Information, such as NHS Patient information leaflets, were also available.

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

# Are services effective?

(for example, treatment is effective)

## Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This system is intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The most recent results showed the practice had achieved 97.7% of the total number of points available. The practice was an outlier on one indicator:

- The proportion of patients on the diabetes register, with a recent record of a foot examination and risk classification within the preceding 12 months. The practice performance on this indicator was 58%, compared to a national average of 88%. The practice told us they regularly referred patients to see a podiatrist service which was delivered from the practice premises. However, the follow up information was not always supplied to the practice by this service, to allow them to update their records. They told us they would follow this up to improve recording of outcomes for patients.

Clinical audit were carried out and all relevant staff were involved to improve care and treatment and outcomes for patients. There had been four clinical audits carried out in the last two years, of which two were completed audit cycles where improvements were checked and monitored. The practice had recognised in preparing for the inspection the approach they took to audit was not well coordinated

across the practice and not all audits carried out completed the full audit cycle. As a result they planned to formalise the approach to provide more coordination across the practice within the audit process.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

## 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 topics such as 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 appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received appraisals within the last 12 months.
- Staff received training that included, safeguarding, fire procedures, basic life support and information governance. Staff had access to and made use of e-learning modules and in-house training.



# 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. 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 and that conversations taking place in these rooms could not be overheard.

All of the three patient Care Quality Commission (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, caring and treated them with dignity and respect. We also spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They also 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. Patients told us they particularly liked that clinicians came out in the reception area to call them in for an appointment.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The results of the National GP Patient Survey, published in January 2015, found 96.2% patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group (CCG) average of 88.2% and national average of 85.2%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carers register and the practice supported carers, for example, by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had in place arrangements to follow up and offer support and referral to other services where people experienced bereavement.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.4% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 96.4% said the GP gave them enough time compared to the CCG average of 88.4% and national average of 86.8%.
- 98.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.8% and national average of 95.3%.
- 95.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.6% and national average of 85.1%.
- 95.7% 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 90.4%.

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

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

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 94.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86.3%.
- 94.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.5%.

Staff told us that translation services were available for patients who did not have English as a first language.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice had fully consulted and involved key stakeholders in the decision to merge two practices into one.

There was an active Patient Participation Group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The two previous patients groups linked to each practice location had merged to form one group. Members of the PPG told us the practice were very open and responsive to feedback from the group and took action promptly in response to feedback. They told us their views had been listened to in the process to merge the two practices. Although supported by the practice, the group was chaired by a patient representative and devised their own programme of work. They told us a key priority was to increase their engagement with young people.

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 one day a week alternating between Haydon Bridge and Allendale until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The practice provided large print information on request to those with visual impairment,
- The practice had committed to providing the same type and range of services to patients following the merger between the two practices. This was to ensure continued access in a rural area, where there was limited access to local public transport. Practice staff know the timing of local bus routes and told us they arranged appointments to ensure this fitted within bus timetables.

- Practice staff told us they frequently registered temporary patients to ensure they received timely care and treatment. This included local students, tourists and those visiting the local Buddhist monastery.
- The practice operated a drop in clinic for young people at Allendale Health Centre two days a week. This was for young people registered with the practice where they could receive health advice or treatment including sexual health services. They were exploring the option of delivering a similar service from the Haydon Bridge location.

### Access to the service

The practice was open between 8am and 6pm. Monday to Friday. Extended hours surgeries were offered until 8pm one night a week on alternate weeks, at each location. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available. Between the two locations appointments were normally available from 8:30am to 11:20am every morning and 3pm to 5:45pm daily. On the night of extended hours, appointments were available from 3pm to 7:30pm. This was subject to change to take account of clinician working hours and planned absences.

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

- 87.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.6% and national average of 75.7%.
- 95.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 77.5% and national average of 74.5%.
- 90.2% patients described their experience of making an appointment as good compared to the CCG average of 75.3% and national average of 73.8%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.4% and national average of 65.2%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures

# Are services responsive to people's needs?

(for example, to feedback?)

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. The complaints policy was outlined in the practice leaflet and was available on their website. However, we noted these did not inform patients that they could refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remained unsatisfied with how the practice had

handled their concerns. Of the six patients we spoke with, and the feedback we received from the three CQC comment cards completed by patients, none raised concerns about the practice's approach to complaints.

The practice had received one complaint in 2015 and six in 2014. We looked at one of the complaints received in the last 12 months and found the practice had responded with openness and transparency when dealing with the complaint. The practice approached complaints as a learning opportunity and identified where they could improve as a result.

# 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 patient charter, which had been developed with the Patient Participation Group (PPG). This was published on the practice website and within the practice leaflet.

Although there was no formal business plan in place, we found the practice had a clear plan as to how they would continue to operate and improve the service offered. It was evident in discussions we had with staff throughout the day that it was a shared vision and was fully embedded in staff's day-to-day practice. The practice planned to continue to learn from what worked well in each of their locations with a view to sharing this across the practice. Staff and patients told us how they had been informed and involved in decisions relating to the merger of the two practices.

### Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: Education and Training; Clinical audit program; Clinical effectiveness; Research and development; Openness; Risk management; and, Information Management.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.
- The practice supported staff to share their views and provide ideas for improvement and innovation through a staff council. Staff told us this worked well.

Staff told us there had been strong leadership through the transition process and they felt the practice had learnt from what worked well in each practice location to improve services overall.