

# Wawn Street Surgery

## 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 Wawn Street Surgery on 11 October 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Staff told us there was a no blame culture and they were encouraged to report incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- Some patients found it difficult to get through to the practice on the telephone; the practice had carried out extensive reviews of the telephone system and had recently submitted a bid for funding from NHS England to make improvements to the telephone system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff and managers were very organised and there were efficient and effective work processes in place.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems.

**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 nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Staff told us there was a no blame culture and they were encouraged to report incidents. Where staff had been involved in an incident they were supported to take ownership; to carry out an investigation (where appropriate) and recommend a plan of action then communicate that with the team.

Risks to patients were assessed and well managed. The practice had recently commissioned a specialist health and safety advisor to support them to develop their health and safety policies and protocols.

There was evidence of good medicines management. Comprehensive infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.5% of the points available. This was above the local and national averages of 94.4% and 94.7% respectively. However, at 13.4%, the clinical exception reporting rate was above the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where medicines cannot be prescribed due to a contraindication or side-effect). Managers were aware of the high exception rate and had taken decisive action during 2015/2016 to improve performance.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were

Good



# Summary of findings

systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the July 2016 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. Results were generally in line with local and national averages. For example, 87% said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%. Scores on consultations with nurses were above average, for example, 92% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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.

The practice's scores in relation to access in the National GP Patient Survey were mixed. The most recent results (published in July 2016) showed 84% (compared to 85% locally and nationally) of respondents were able to get an appointment or speak to someone when necessary. However, 45% of patients said they could get through easily to the surgery by phone, compared to the local average of 79% and the national average of 73% and 65% of patients described their experience of making an appointment as good, compared to the local average of 77% and the national average of 73%.

The practice had carried out extensive reviews of the telephone system to try to address the concerns raised by patients. A telephone access audit had been undertaken, with the support of

Good



# Summary of findings

the practice's patient participation group (PPG). As a result of the audit, information had been given to patients about different ways of accessing the practice and when the telephone lines were busiest.

## Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems.

**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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- Weekly multi-disciplinary meetings were held to ensure staff were kept up to date about high risk patients, including elderly palliative care patients.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- GPs carried out a fortnightly ward round at the practice linked care home.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- The practice had recently changed the system for arranging clinics for patients with more than one long term condition so they only needed to attend for one annual review, rather than several throughout the year.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 79.1%, which was slightly below the CCG average of 81.9% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## 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).

Good



- 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 and flexible. Extended hours surgeries were offered every Tuesday and Thursday evening for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required. Information leaflets and letters to patients inviting them to attend for reviews or screening checks were available in easy read format.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. A drug and alcohol support worker attended the practice each week and the practice provided shared care prescribing for patients with drug and alcohol problems.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

## 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).

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- Staff were able to access urgent telephone advice from a consultant psychiatrist.

Good





# Summary of findings

## What people who use the service say

We spoke with four patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 22 comment cards.

Patients were generally complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. However, some patients were not satisfied with getting through to the practice on the telephone.

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with local and national averages. There were 118 responses (from 286 sent out); a response rate of 41%. This represented 1.3% of the practice's patient list. Of those who responded:

- 87% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.

- 92% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 84% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG and national average of 85%.
- 89% said the last appointment they got was convenient, compared with a CCG average of 94% and a national average of 92%.
- 84% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 74% and a national average of 65%.
- 69% felt they don't normally have to wait too long to be seen, compared with a CCG average of 67% and a national average of 58%.

However, patient opinion in relation to contacting the practice was less favourable:

- 45% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 65% described their experience of making an appointment as good, compared with a CCG average of 77% and a national average of 73%.

The practice had carried out extensive reviews of the telephone system to try to address the concerns raised by patients.

# Wawn Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Wawn Street Surgery

Wawn Street Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the town of South Shields, Tyne and Wear.

The practice provides services to around 8,850 patients from one location: Wawn Street, South Shields, Tyne and Wear, NE33 4DX. We visited this address as part of the inspection. The practice has four GP partners (three female and one male), one salaried GP (male), two practice nurses (both female), three healthcare assistants, a managing partner, and 14 staff who carry out reception and administrative duties.

The practice is part of South Tyneside clinical commissioning group (CCG). The age profile of the practice population is broadly in line with CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.30am and 6pm Monday, Wednesday and Friday; then between 8.30am and 7.30pm on Tuesdays and Thursdays. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday - 8.30am to 11am; then from 3.30pm to 5.50pm
- Tuesday – 8.30am to 11am; from 3.30pm to 5.50pm; then from 6.30pm to 7.15pm
- Wednesday – 8.30am to 11am; then from 3.30pm to 5.50pm
- Thursday – 8.30am to 11am; from 3.30pm to 5.50pm; then from 6.30pm to 7.15pm
- Friday – 8.30am to 11am; then from 3.30pm to 5.50pm

A duty doctor is available each morning between 8am and 8.30am and Monday, Wednesday and Friday afternoons until 6.30pm.

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

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

## 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 registered provider is

# Detailed findings

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 11 October 2016. We spoke with four patients and 10 members of staff from the practice. We spoke with and interviewed four GPs, a practice nurse, the managing partner, the deputy practice manager and three staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 22 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# 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 also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.
- Staff told us there was a no blame culture and they were encouraged to report incidents. Where staff had been involved in an incident they were supported to take ownership; to carry out an investigation (where appropriate) and recommend a plan of action then communicate that with the team.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident a new protocol for sending out letters to patients was implemented.

We discussed the process for dealing with safety alerts with the managers and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the deputy practice manager to the relevant clinicians and discussed at the clinical governance meetings.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Notices in the waiting room and consultation rooms 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 (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. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription

## Are services safe?

pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).

- Recruitment checks were carried out and the three files we reviewed showed that relevant recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. Prospective staff submitted a CV or application form then attended a full day assessment centre, as well as an interview with managers to assess their suitability for the post.

### 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. The practice had recently commissioned a specialist health and safety advisor to support them to develop their health and safety policies and protocols. There were up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- 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. The practice had installed a purpose built computer system to plan the clinical staffing rota; this flagged up where there were potential gaps so managers could ensure there were sufficient 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 any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 99.5% of the total number of points available, which was well above the national average of 94.7%.

The data showed:

- Performance for diabetes related indicators was better than the national average (100% compared to 89.2% nationally). For example, the percentage of patients newly diagnosed with diabetes who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 97.3%, compared to the national average of 90.3%.
- Performance for stroke and transient ischaemic attack (TIA) related indicators was better than the national average (100% compared to 96.6% nationally). For example, the percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 92%, compared to the national average of 88.2%.

- Performance for mental health related indicators was above the national average (99.3% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record was 93.2%, compared to the national average of 88.3%.

However, at 13.4%, the clinical exception reporting rate was above the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where medicines cannot be prescribed due to a contraindication or side-effect). For example:

- Asthma related indicators; the practice exception rate was 21.8%, compared to the national average of 6.8%.
- Hypertension related indicators; the practice exception rate was 10.5%, compared to the national average of 3.8%.
- Chronic kidney disease related indicators; the practice exception rate was 12.7%, compared to the national average of 7.5%.

Managers were aware of the high exception rate and had taken decisive action during 2015/2016 to improve performance. This included only excepting those patients who had confirmed they did not want to attend for a review. Arrangements were then put into place to identify those patients who had not attended. Staff actively contacted them to encourage them to attend review appointments. The practice showed us their 2015/2016 QOF exception rates and these had all improved. For example, the practice's own data showed that the exception rate for asthma related indicators had decreased to 3.3% and hypertension related indicators to 2.6%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. For example, an audit on the treatment of patients with gout was carried out, this resulted in improved monitoring of and subsequent care for patients; the percentage of patients who had been given dietary advice in the first audit was 28%, this improved to 92% in the second audit cycle.



# Are services effective?

## (for example, treatment is effective)

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- 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.
- Smoking cessation advice and a dietician were available on the premises.

The practice's uptake for the cervical screening programme was 79.1%, which was slightly below the CCG average of 81.9% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 100%, compared to the CCG averages of between 96.4% and 98.9%. Rates for five year olds ranged from 96.1% to 100%, compared to the CCG averages of between 96.2% and 99.1%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

The vast majority of the 22 patient CQC comment cards we received were positive about the service experienced. We spoke with four patients during our inspection. Patients 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, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was broadly in line with average for satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 94% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.
- 92% said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

Results from the July 2016 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. Results were generally in line with local and national averages, although fewer patients said the GP involved them in decisions about their care. For example, of those who responded:

- 87% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 88% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 87% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and the national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 82%.
- 92% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.
- 92% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 94% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 89% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.

## Are services caring?

- Information leaflets and letters to patients inviting them to attend for reviews or screening checks were available in easy read format.

### **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. For example, a young carers association, a prostate cancer support network and bereavement support group.

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

were carers; 167 patients (1.4% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had recently taken part in a local pilot to provide seven day access for patients. Collaborative data sharing arrangements were in place and the project was currently being evaluated.

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

- The practice offered extended hours on a Tuesday and Thursday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available where necessary, for example for people with a learning disability or those who needed an interpreter.
- GPs carried out a fortnightly ward round at the practice linked care home.
- Some staff had been trained as dementia friends to help support patients and their carers and families.
- A drug and alcohol support worker attended the practice each week and the practice provided shared care prescribing for patients with drug and alcohol problems.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was keen to promote self-help to patients with long term conditions, a comprehensive set of guides were available in the waiting room and the practice website had links to various support organisations.

### Access to the service

The practice was open between 8.30am and 6pm Monday, Wednesday and Friday; then between 8.30am and 7.30pm on Tuesdays and Thursdays. Appointments were available as follows:

- Monday - 8.30am to 11am; then from 3.30pm to 5.50pm

- Tuesday – 8.30am to 11am; from 3.30pm to 5.50pm; then from 6.30pm to 7.15pm
- Wednesday – 8.30am to 11am; then from 3.30pm to 5.50pm
- Thursday – 8.30am to 11am; from 3.30pm to 5.50pm; then from 6.30pm to 7.15pm
- Friday – 8.30am to 11am; then from 3.30pm to 5.50pm.

Extended hours surgeries were offered every Tuesday and Thursday evening. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent on the day appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could contact the surgery to make an appointment was below average. For example, of those who responded:

- 78% of patients were satisfied with the practice's opening hours, compared to the CCG average of 81% and the national average of 76%.
- 84% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 74% and the national average of 65%.
- 89% of patients said their appointment was convenient for them, compared to the CCG average of 94% and the national average of 92%.
- 45% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 65% of patients described their experience of making an appointment as good, compared to the CCG average of 77% and the national average of 73%.

The practice had carried out extensive reviews of the telephone system to try to address the concerns raised by patients. A telephone access audit had been undertaken, with the support of the practice's patient participation group (PPG). As a result of the audit, information had been given to patients about different ways of accessing the practice and when the telephone lines were busiest. A further review was in progress; patients were being asked which they would prefer if the telephone lines were busy; either to be informed what position in the queue they were or continue to hear health promotional information. In addition, the practice had recently submitted a bid for funding from NHS England to make improvements to the telephone system.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- The 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. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

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 a patient confidentiality throughout the public areas, the practice installed a sound system. Work was due to begin on refurbishing the waiting and consultation rooms shortly after our inspection. Managers told us they had taken into account patient concerns when designing the new layout.

# 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 had been developed with staff. This was 'primary and social care team working together to empower good health through the sharing of responsibility for delivering high quality, safe, patient focused services'
- Staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff and managers were very organised and there were efficient and effective work processes in place.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us that regular team meetings were held. A member of staff from every team attended clinical, complaints and significant event meetings; they then fed back any messages to their teams.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG also produced a seasonal patient newsletter which contained information, for example, details about flu vaccinations, staffing and the review of the telephone system carried out recently.

The practice had also gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### 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. For example, the practice had recently taken part in a local pilot to provide seven day access for patients. Collaborative data sharing arrangements were in place and the project was currently being evaluated. The practice was part of the local GP federation; the practice manager was a lead member of the board and part of the team moving the federation forwards to improve primary care for patients across South Tyneside.

The practice had developed a good approach to recruitment. Prospective staff submitted a CV or application form then attended a full day assessment centre, as well as an interview with managers to assess their suitability for the post.

The team had developed a number of balanced scorecards to help analyse the administrative team tasks and ensure they were completed on a timely basis.

Clinical staffing requirements were continually reviewed to ensure they met the needs of the practice. A review had been carried out to assess whether patients had really needed an appointment with a GP or whether they could have visited an alternative clinician. This showed that 52% of appointments could have been seen by a professional other than a GP. This led to the practice developing a more diverse clinical workforce. At the time of the inspection the practice was in the process of recruiting an advanced nurse practitioner and was part of a pilot project to employ a dedicated practice pharmacist.

Staff were encouraged to develop; several had worked at the practice for many years and had achieved promotions within the team. Some administrative staff had been supported to train as healthcare assistants, a salaried GP became a GP partner and the practice manager joined the partnership.