

Bewicke Medical Centre

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 Bewicke Medical Centre on 9 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Some patients said they found it hard to make an appointment with a named GP. Urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff throughout the practice worked well as a team.

The areas where the provider should make improvement are:

- Complete the work already initiated to ensure training needs are identified and relevant training is undertaken within the required timescales.
- Review arrangements for the distribution of blank prescription forms to take into account national guidance.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Risks to patients were assessed and well managed. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Data showed that the practice's performance was below average when compared to practices nationally and in the local clinical commissioning group (CCG). The most recent published results showed the practice had achieved 87.7% of the Quality and Outcomes Framework (QOF) points available. This was 9% below the CCG average and 5.8% below the national average. The practice had identified the need to introduce a more effective system for chronic disease management.

Staff assessed needs and delivered care in line with current evidence based guidance. Some clinical audits had taken place. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

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. For example, 88.4% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87.6%, national average 85.1%). Also, 94.6% said the last GP they saw or spoke to was good at listening to them (CCG average

Good



Summary of findings

91.3%, national average 88.6%). 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.

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 and other stakeholders. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had introduced self-check-in for patients.

Most people could access appointments and services in a way and at a time that suited them. For example, extended hours appointments were available one night each week. Feedback from patients reported that access to a named GP and therefore continuity of care was not always available, although urgent appointments were usually available the same day.

Good



Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a strong 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 their population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided services to a local care home, and a GP visited the home each week.
- The practice had completed work to improve the identification of housebound patients. In the last year over 125 additional housebound patients were identified. This allowed the district nurses who worked with the practice to meet the needs of these patients, for example flu vaccinations.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (99.9%) and 2.1 points above the England average (97.9%).
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 77.9%, which was above the national average of 73.2%. For at risk groups the practice rate was 50.7% which was below the national average of 52.3%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All of the doctors at the practice also had lead clinical roles. The nurse practitioner was the practice lead for chronic obstructive pulmonary disease (COPD).
- The practice held an unplanned admissions register.
- Nationally reported data showed that some outcomes for patients with long term conditions were below average. For example, the practice had achieved 76.7% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was below the local CCG average of 92.9% and below the national average of 89.2%.

Summary of findings

Work had been initiated to address the poor QOF performance for diabetes patients. A diabetic care plan had been introduced in mid-2014, 71% of patients had a diabetic care plan in place. The practice had continued this work to improve the number of diabetic patients with a care plan.

- When patients were identified as being at high risk of developing diabetes the practice had introduced an annual review for these patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and received a structured annual review to check that their health and medicines 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.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Nationally reported data showed that outcomes for patients with asthma were comparable to local and national averages. For example, the practice had achieved 97.8% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was in line with the local CCG average of 97.6% and the national average of 97.4%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for cervical screening was 83.4% which was in line with the local CCG average of 83.1% and the national average of 81.8%.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99.1% to 100% (CCG average 97.3% to 100%) and for five year olds ranged from 92.9% to 99.2% (CCG average 92.2% to 98.4%).

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- A full range of contraceptive services were provided by 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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and book appointments on-line. Telephone appointments were available.
- Extended opening hours for appointments were available either on a Tuesday, Wednesday or Thursday until 8:15pm; appointments were available with a GP or nurse.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 45s and travel vaccinations were available.
- The practice website provided a wide range of health promotion advice and information.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- They offered longer appointments for people with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations. Patients could self-refer to a local talking therapies service.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- 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.
- One of the GP partners had a special interest in mental health.

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).

- 86% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to 84% nationally.
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. For example, the practice had achieved 76.9% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was below the local CCG average of 95.2% and the national average of 92.8%.
- Nationally reported data showed that outcomes for patients with dementia were good. For example, the practice had achieved 96.2% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was in line with the local CCG average of 96.8% and above the national average of 94.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia.
- The practice provided services for the Howdon Project, a residential care home for patients with enduring mental health problems.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2015. The results showed a mixed performance compared to local and national averages. There were 332 forms sent out and 115 were returned. This is a response rate of 34.6% and represented 1% of the practice's population list.

- 69.5% found it easy to get through to this surgery by phone (CCG average 81.7%, national average 73.3%).
- 87% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%).
- 80.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 93.7% said the last appointment they got was convenient (CCG average 92.5%, national average 91.8%).
- 74.6% described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).
- 75.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. They said that staff were friendly, helpful and caring and that the practice was clean. However, several of the comments cards commented on difficulties obtaining an appointment at the practice.

We spoke with five patients during the inspection. All these patients said that they were happy with the care they received. They told us staff took time to explain treatments and medication and they had the time they needed during their consultation. The practice performed well in the Friends and Family Test, 97% of patients said they would recommend the practice. The practice had responded to concerns raised by respondents, for example reviewing the system for repeat prescriptions. They also passed on positive comments to staff that were named in feedback.

Areas for improvement

Action the service **SHOULD** take to improve

- Complete the work already initiated to ensure training needs are identified and relevant training is undertaken within the required timescales.

- Review arrangements for the distribution of blank prescription forms to take into account national guidance.

Bewicke Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bewicke Medical Centre

Bewicke Medical Centre is registered with the Care Quality Commission to provide primary care services.

The practice is located in Howdon and provides primary medical services to patients living in Howdon and parts of Wallsend and North Shields in North Tyneside.

The practice provides services to around 10,200 patients from one location. We visited this address as part of the inspection.

- Bewicke Medical Centre, 51 Tynemouth Road, Howdon, Tyne & Wear, NE28 0AD.

The practice is based in purpose built premises. The building is on two levels with all patient services provided on the ground floor. There is on-site parking, disabled parking, a disabled WC and access is step-free. There is sufficient room for wheelchairs to move around the surgery.

The practice has five GP partners and four salaried GPs (two male, seven female). The practice has a business manager, an administration manager, a nurse practitioner, three

practice nurses, one healthcare assistant and 14 staff who carry out various administrative and reception roles. The practice provides services based on a Personal Medical Services (PMS) contract.

The practice is an approved teaching practice where qualified and undergraduate trainee doctors gain experience in general practice. One foundation year 2 (F2) was working at the practice at the time of the inspection.

The practice is open from 8am to 12pm then from 1:30pm to 6pm Monday to Friday. The telephones are answered by the practice between 8am and 6:30pm. When the practice is closed patients are directed to the NHS 111 service. This information is available from the practices' telephone message, the practice website and the practice leaflet.

Appointments are available from 8:30am until 11:30am in the morning and from 2pm until 5:30pm in the afternoon.

Extended hours surgeries are offered one day each week, either on a Tuesday, Wednesday or Thursday between 6:30pm and 8:15pm. A GP and a nurse are available for these appointments.

The practice is part of NHS North Tyneside clinical commission group. Information from Public Health England placed the area in which the practice is located in the third least deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Detailed findings

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. The inspection was planned to check whether the registered 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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

- Spoke with three doctors, one trainee doctor, the business manager, one practice nurse, one nurse practitioner and three members of the administration team. We also spoke with three patients who used the service and two members of the patient participation group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of any significant events.
- The practice recorded relevant events on the Safeguard Incident and Risk Management System (SIRMS). SIRMS is the local reporting system and this was used by the practice when the event crossed practice or healthcare system boundaries
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the practice introduced a patient advice card for use in home visits. Patients were given a card containing advice on action to take if their condition got worse.
- Staff told us they felt supported when they raised concerns and incidents.
- When there were unintended or unexpected safety incidents, we found that people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

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

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- Notices in the clinical rooms and information in the practice leaflet advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse practitioner was the infection control clinical lead who 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. For example, some of the clinical rooms previously had carpets, these had been removed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored. However, there was no system in place to monitor the use and distribution of hand written prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We reviewed the process used by the practice when locum GP's were required. Locum staff were only allowed to work when appropriate recruitment checks had been undertaken.

Are services safe?

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Alarm buttons were also fitted in the clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Clinical guidelines were discussed at regular clinical meetings.
- The practice worked with the local clinical commissioning group (CCG) to ensure referrals were managed in line with local guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results showed the practice had achieved 87.7% of the total number of points available which was 5.8% below the national average, with an 8% exception reporting rate (1.2% below the national average). 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 a medication cannot be prescribed due to a contraindication or side-effect. This practice was an outlier for two of the QOF clinical targets. The practice has a lower than expected percentage of patients; firstly with atrial fibrillation (irregular heartbeat) on an anti-coagulant; and secondly with hypertension (high blood pressure) recorded as meeting current targets.

Data from 2014/2015 also showed;

- Performance for diabetes related indicators was below the CCG and national averages. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 87.2%, compared to the national average of 94.4%.

- Performance for mental health related indicators was worse than the CCG and national average. For example, the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 90.3% compared to the national average of 94%.
- Performance for asthma related indicators was comparable to the CCG and national averages. For example, the practice had achieved 97.8% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was in line with the local CCG average of 97.6% and the national average of 97.4%.

The practice had recognised the need to improve their chronic disease management, work was planned but not yet implemented; for example, they had planned training to develop the role of the member of staff who supported QOF activity to improve the recall procedure. The practice recognised the need to improve diabetes performance and had introduced diabetic care plans in mid-2014.

Clinical audits demonstrated quality improvement.

- The practice provided details of seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Plans were in place to complete the second audit cycle for a further two audits. Two clinical audits did not record if a second cycle of audit was planned; however, these audits had only been very recently completed.
- The practice had recognised the need to adopt an approach to clinical audit that was more focused on improved clinical outcomes instead of clinical interest.
- Findings were used by the practice to improve services. For example, following one audit the practice had introduced a standard template to be used for assessing childhood fevers in line with NICE guidance.
- The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice participated in the CCG prescribing engagement scheme which aimed to ensure effective prescribing in primary care.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. 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, mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. Staff told us that the mentoring scheme provided a good level of support. All staff had had an appraisal within the last 12 months. Nurses had protected time each week for non-patient duties and met as a team each month.
- Staff received training that included: safeguarding, fire procedures, basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- The recently appointed practice manager had introduced a process for identifying and monitoring staff training; this had identified areas of training that required completion. Action was planned to ensure all staff completed the training required for their role, for example information governance training for all staff and Mental Capacity Act training for clinical staff.
- The practice was a teaching practice where qualified doctors gained experience in general practice. The practice had an effective training plan in place for foundation year 2's (F2's), with clinical supervision and mentoring to support them in their development.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice had produced a patient information leaflet on consent which was available in the waiting area.

Supporting patients to live healthier lives

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

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Due to their high level of success in this area the practice had been asked by the local Public Health team to liaise with other local practices who required support in this area. Patients were then signposted to the relevant service. For example, carers were referred to North Tyneside Carers Centre if they wished. The practice had also produced a leaflet for carers which was available on reception.
- The practice provided advice on healthy eating and smoking cessation. Patients were able to access a podiatrist, appointments with Relate, a psychologist and retinal screening (if diabetic) at the practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- Information such as NHS patient information leaflets was also available.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.4%, which was comparable to the CCG average of 83.1% and the national average of 81.8%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged their 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 99.1% to 100% (CCG average 97.3% to 100%) and five year olds from 92.9% to 99.2% (CCG average 92.2% to 98.4%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Flu vaccination rates for the over 65s were 77.9%, and at risk groups 50.7%. These were comparable to the national averages of 73.3% and 52.2% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

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

All of the 34 patient CQC comment cards we received were positive about the practice. 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. 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.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with doctors and nurses were mostly above average. For example:

- 94.6% said the GP was good at listening to them (CCG average 91.3%, national average 88.6%).
- 93.3% said the GP gave them enough time (CCG average 89.8%, national average 86.6%).
- 95.9% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%).
- 88.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.6%, national average 85.1%).
- 92.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.4%, national average 90.4%).

Care planning and involvement in decisions about care and treatment

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

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

- 91.6% said the last GP they saw was good at explaining tests and treatments (CCG average of 89.6%, national average 86%).
- 89.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.8%, national average 81.4%).
- 94.6% said the last nurse they spoke to was good at explaining tests and treatments (CCG average 91.3%, national average 89.6%).

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. Notices in the waiting areas reminded patients of the need to attend for annual reviews if they had a chronic disease.

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, information about dementia support services and Healthwatch was available in the waiting area.

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

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Are services caring?

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. The practice referred patients for additional support if required.

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 their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was part of the CCG prescribing engagement scheme

- The practice provided an extended hours surgery either on a Tuesday, Wednesday or Thursday evening until 8.15pm for working patients who could not attend during normal opening hours. Appointments during these times were available with a doctor or nurse.
- There were longer appointments available for people with a learning disability, long term conditions and those who required an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services were available. The practice had identified the need for a hearing loop to be provided.
- The practice had recently recruited two nurse practitioners to improve the availability of appointments for patients.

Access to the service

The practice was open from 8am to 12pm then 1:30pm to 6pm Monday to Friday. The telephones were answered by the practice between 8am and 6:30pm. When the practice was closed patients were directed to the NHS 111 service. This information was available from the practices' answerphone message, the practice website and the practice leaflet.

Appointments were available from 8:30am until 11:30am in the morning and from 2pm until 5:30 pm in the afternoon.

Extended hours surgeries were offered either on a Tuesday, Wednesday or Thursday between 6:30pm and 8:15pm. Appointments during these times were available with a doctor or nurse.

In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also

available for people that needed them. The practice operated a triage system and a duty doctor was available each day who reviewed any results received for doctors who were not working that day.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day of the inspection that they were able to get appointments when they needed them; however, some found it difficult to contact the practice by telephone.

- 89.4% of patients were satisfied with the practice's opening hours (CCG average of 81.5%, national average 74.9%).
- 69.5% patients said they could get through easily to the surgery by phone (CCG average 81.7%, national average 73.3%).
- 74.6% patients described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).
- 75.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.5%, national average 64.8%).
- 82.2% would recommend this surgery to someone new to the area (CCG average 81.4%, national average 77.5%).

The practice had planned work in the future to address the concerns raised by patients about the availability of appointments. They were currently reviewing their telephone triage system and had recently appointed two new nurse practitioners to improve access.

Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example on the practice website and a leaflet was available in the waiting areas.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from concerns and complaints and

action was taken to as a result to improve the quality of care. For example, the process for managing samples when there was a suspected urinary tract infection was revised following a complaint.

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 practice charter which was available in the practice leaflet and staff knew and understood the values. The charter stated that the doctor would treat you with courtesy at all times and would treat patients as individuals. The practice's statement of purpose was available on their web site.
- 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. This outlined the structures and procedures in place:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Nursing staff had lead roles. There was an identified GP lead for all chronic diseases
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- Clinical audit demonstrated quality improvement. The practice had recognised the need to adopt an approach to clinical audit that was more focused on improved clinical outcomes instead of clinical interest.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Monthly team meetings were held and these were well attended.

Leadership, openness and transparency

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

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. These meetings were well attended
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered. For example, the practice had all met as team to discuss the upcoming CQC visit to identify good practice and how the practice complied with the relevant regulations of the Health and Social Care Act.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following suggestions from the PPG the practice had introduced a noticeboard, self-check-in for patients and changed the seating arrangements in reception to ensure patient confidentiality. The practice planned further focused surveys to improve patient satisfaction.

Are services well-led?

Good 

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

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

engaged to improve how the practice was run. The practice had increased the length of cervical screening appointments following a request from one of the nurses.