

Dr Kaura and Partners

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Kaura and Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kaura and Partners on 17 March 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred. However, record keeping of the meetings where these issues were discussed was limited.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, we found some training previously completed by staff needed updating in line with the latest guidance and some training still needed to be completed.
- Outcomes for patients were good. The Quality and Outcomes Framework (QOF) data, for 2014/2015, showed the practice had performed very well in obtaining 99% of the total points available to them for providing recommended 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. However, the storage of information that related to complaints was not managed in line with their agreed complaints policy.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Extended hours appointments were available with a GP on three mornings a week and five mornings a week with a nurse or healthcare assistant.

Summary of findings

- 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.
- The provider was aware of and had complied with the requirements of the duty of candour regulation.

There is one area where the provider must make improvements:

The provider must:

- Ensure staff update or complete all of the training required for their roles in line with the latest guidance.

There are three areas where the provider should make improvements:

The provider should:

- Review the management of complaints at the practice. The storage of information that related to complaints should be managed in line with their agreed complaints policy.
- Ensure that appropriate records are maintained in relation to the governance of the practice, specifically in relation to records of meetings and the recruitment of staff.
- Ensure they have documentary or electronic evidence which confirms that NHS Property Services have completed the health and safety checks they are contracted to carry out.

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.

Good



- There was an effective system in place for reporting and recording significant events. However, record keeping of the meetings where these issues were discussed was limited.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place and the practice was clean.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- We found that 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 patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99% of the points available in 2014/2015. This was above the local average of 96% and the national average 95%. For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Clinical audits demonstrated quality improvement. Audit was clearly linked to guidelines and best practice.
- The practice had a system for recording and monitoring staff training; however we found some training completed previously needed to be updated in line with the latest guidance and some training still needed to be completed. For example, fire safety training for all staff and safeguarding adults training for non-clinical staff needed to be updated. Infection control training needed to be completed to an appropriate level relevant to their roles for all staff.
- There was evidence of appraisals for staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. However, record keeping was largely informal; minutes were not produced regularly following these meetings.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed that patients rated the practice above national averages. For example, results showed that 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to, compared to 98% nationally. 98% of respondents said they had confidence and trust in the last GP they saw or spoke to, compared to the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- All of the 31 Care Quality Commission comments cards we received were positive about the care and treatment they received from the practice. Patients reported that staff treated them with dignity and respect.
- Information for patients about the services available was available.
- We also saw that staff treated patients with kindness and respect, and they maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, a locality based care navigator worked at the practice; they supported patients with long-term conditions, particularly those who are housebound.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. However, the storage of information that related to complaints was not managed in line with their agreed policy.

Summary of findings

Are services well-led?

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

Good



- 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 clear leadership structure and staff told us they felt very supported by management.
- The practice had a number of policies and procedures to govern activity and held regular meetings. However, record keeping was largely informal. Notes were taken by individuals but there were no formal minutes which documented who had attended and any decisions made.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The practice encouraged a culture of openness and honesty. They had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework that supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and patients were able to join an e-forum using an online link on the practice website.
- There was a strong focus on continuous learning and improvement at all levels and the practice was actively engaged with local practices and the local CCG to share best practice.

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. The practice participated in the local unplanned admission scheme.
- All patients over the age of 75 had a named GP.
- Patients over the age of 75 and carers were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 2.1% above the local clinical commissioning group (CCG) and national averages.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority for care and support by the practice.
- A locality based care navigator worked at the practice; they supported patients with long-term conditions, particularly those who are housebound.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had achieved 91% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 0.8% below the local CCG average and 2% above the national average.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and were offered a structured annual review to check their health

Summary of findings

and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The practice provided an in-house smoking cessation service.

Families, children and young people

The practice is rated as good 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Arrangements had been made for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% (CCG average 81% to 97%) and for five year olds ranged from 82% to 98% (CCG average 90% to 98%).
- Urgent appointments for children were available on the same day.
- 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.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 3.4% above the local CCG average and 2.6% above the national average.
- The practice's uptake for cervical screening was 81%, which was the same as the local CCG average of 81% and comparable to the national average of 82%.
- The practice provided contraceptive and sexual health services.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.
- Extended hours appointments with a GP were available three mornings a week from 7:10am until 7:40am. Extended hours appointments were available with a nurse or health care assistant five mornings a week from 7:10am until 8am.
- Patients could order repeat prescriptions and book appointments on-line.
- Telephone appointments were available with GPs and nurses.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as new patient health checks, health checks for patients aged between 40 and 74 and travel vaccinations were available at the practice.
- The practice website provided a wide range of health promotion advice and information.
- A minor surgery service was available at the practice.

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.
- Patients with learning disabilities were invited to attend the practice for an annual health check. At the time of the inspection the practice had identified 70 patients on the register, of these patients 77% had a health check completed. The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Telephone support was available if required.
- The practice website offered the facility to complete an online depression questionnaire.
- GPs at the practice provided drug and alcohol support services and worked with support services when appropriate.
- The practice had been active in creating a joint working protocol to ensure refugees who were located in the local area were effectively supported and best practice was shared between the services involved.

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. However, healthcare assistants and nursing staff had not undertaken the recommended level of safeguarding training that was appropriate for their role.
- Good arrangements were in place to support patients who were carers.

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 held a register for patients experiencing poor mental health.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 99% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 7% above the local CCG average and 6.9% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.7% above local CCG average and 5.5% above the national average. 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients could complete an online depression questionnaire on the practices' website and an in-house counselling service was available.
- The practice invited patients to inform them if they were a military veteran with an online form.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in January 2016, showed the practice was performing above local and national averages. There were 263 forms sent out and 98 were returned. This is a response rate of 37% and represented 1% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone (CCG average of 78%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 84% described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 64% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

- 95% found the receptionists at this surgery helpful (CCG average 80%, national average 87%).
- 97% said the last appointment they got was convenient (CCG average 92%, national average 92%).

We reviewed 31 CQC comment cards, all of which were positive about the standard of care received. They described the practice as excellent, professional, helpful and caring.

We spoke with nine patients during the inspection. Patients told us that they could get an appointment when they needed one, that they had enough time during consultations, they were satisfied with the care they received and that the practice was clean.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff update or complete all of the training required for their roles in line with the latest guidance.

Action the service **SHOULD** take to improve

- Review the management of complaints at the practice. The storage of information that related to complaints should be managed in line with their agreed complaints policy.

- Ensure that appropriate records are maintained in relation to the governance of the practice, specifically in relation to records of meetings and the recruitment of all staff.
- Ensure they have documentary or electronic evidence which confirms that NHS Property Services have completed the health and safety checks they are contracted to carry out.

Dr Kaura and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a second CQC inspector.

Background to Dr Kaura and Partners

Dr Kaura and Partners is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 10,500 patients from one location.

- Wrekenton Medical Group, Springwell Road, Gateshead, Tyne and Wear, NE9 7AD.

We visited this address as part of the inspection.

Dr Kaura and Partners is based in purpose built premises in Wrekenton that are shared with external services. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. A disabled WC is available.

The practice has four partners and three salaried GPs (two male, five female). The practice employs a business manager, a nurse prescriber, three senior nurses, two healthcare assistants, a phlebotomist, a secretary and 12 staff who undertake administrative duties. A locality health care assistant (Care Navigator) works from the practice and supports patients with long-term conditions. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is an approved training practice where qualified doctors gain experience in general practice. At the time of the inspection, four doctors were undertaking training at the practice.

Dr Kaura and Partners is open at the following times:

- Monday to Friday 7am to 6pm

The telephones are answered by the practice during these times. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practices' telephone message, website and in the practice leaflet.

Appointments are available at Dr Kaura and Partners at the following times:

- Monday to Friday from 8am to 1pm then 1pm to 5:40pm.

Extended hours appointments with a GP are available three mornings a week from 7:10am until 7:40am. Extended hours appointments are available with a nurse or health care assistant five mornings a week from 7:10am until 8am.

The practice is part of NHS Newcastle Gateshead clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 77 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (62% compared to the CCG average of 57% and the national average of 54%). The proportion of patients who are in paid work or full-time

Detailed findings

employment is above average (70% compared to the local CCG and national averages of 61%). The proportion of patients who are unemployed is below average (2% compared to the national average of 7%).

The NHS 111 service and GatDocs provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message and the practice website.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included three GPs, the business manager, a practice nurse, the health care assistant, the phlebotomist and three members of the administration team. We spoke with nine patients who used the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, following a significant event the practice reviewed their processes for recording some tests results to reduce the risk of errors in recording. However, although individuals took notes at meetings where significant events were discussed there were no formal minutes that documented who had attended or any decisions made.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enables staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local clinical commissioning group (CCG) could identify any trends and areas for improvement. The practice ensured the CCG were aware of difficulties the practice experienced when making appointments for patients who required an urgent appointment with secondary care by recording these events on the SIRMS system.
- The provider was aware of, and complied with, the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. They had robust systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents, the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- We reviewed safety records, incident reports and national patient safety alerts. The practice told us the lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not produce minutes of the clinical meeting where these issues were discussed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- 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 practice's policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to level three in children's safeguarding. Healthcare assistants and nursing staff had completed level one safeguarding training and face to face training had been provided by the practices' safeguarding lead on female genital mutilation (FGM) awareness which is a requirement of level two training.
- A notice in the waiting room 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 (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 the premises were clean and tidy. The practice nurse 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. We reviewed the training records of staff that were held by the practice and found that not all staff had received infection control training. For example, none of the administrative staff had undertaken any infection control training. We also found that no infection control training was recorded for two healthcare assistants, the phlebotomist and two nurses.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Patient Group Directions (PGD's) 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.
- 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 three personnel files for long standing permanent members of staff. No new staff had been employed by the practice in the past 6 years. The practice was currently recruiting two new members of staff, we reviewed the records the practice held for these staff and found the practice had, so far, undertaken appropriate recruitment checks such as applying for references prior to appointment.
- We reviewed the arrangements for recruiting temporary staff. The practice had employed two locum GPs within the last year, one of whom had been recruited through an agency who had completed the required employment checks. On the day of the inspection we were unable to confirm the employment checks completed by the practice for the other locum GP. Following the inspection, within 24 hours the practice provided us with evidence of medical indemnity insurance and DBS checks for both locum GPs.
- 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. Safety checks were carried out by NHS Property Services. These included checks of all fire, electrical and gas systems, and ensuring that the practice's fire risk assessment was up-to-date. However, the provider did not have access to some of the NHS Property Services information they

needed, to be able to assure themselves that these checks were being carried out regularly. Confirmation that the required checks had been carried out was made available to us shortly after the inspection. For example, evidence that 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 had a variety of other risk assessments in place to monitor the safety of the premises, such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.)

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty and the practice regularly monitored the appointments system to ensure sufficient staff were available. The practice ensured continuity of care by the use of a GP 'buddy' system for the checking of test results and staff worked flexibly when required. The practice actively monitored staffing levels to ensure appointments were available in a timely manner.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up-to-date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice held records of national and local guidelines and staff told us that guidelines were regularly discussed at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 99% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 96% and the national average of 95%. At 6.7%, their clinical exception-reporting rate was 2.2% below the local CCG average and 2.5% below the national average. This demonstrated the practice was operating an effective recall system. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicator was comparable to average (91% compared to the CCG average of 92% and the national average of 89%). For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91%, compared to the national average of 88%.
- Performance for the mental health related indicator was above average (99% compared to the CCG and national averages of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder

and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91%, compared to the national average of 88%.

- Performance for the dementia related indicator was above average (100% compared to the CCG average of 96% and the national averages of 95%). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%, compared to the national average of 84%.
- The practice also performed well in other areas. For example, the practice had achieved 100% of the points available for 17 of the 19 clinical domains, including the asthma, cancer and depression domains.

Clinical audits demonstrated quality improvement. We saw evidence that the practice used clinical audits effectively and that they were linked to improving patient outcomes.

- We saw that six clinical audits had been carried out in the last 12 months. For example, the practice had undertaken an audit on the management of diabetic patients prescribed medication to ensure adequate function. Following this clinical audit, the practice had updated their procedures for monitoring diabetic patients on this medication. The second cycle of clinical audit showed that all patients were now being managed in line with agreed guidance.
- The practice had completed a clinical audit of diabetic women of childbearing age. The results of this audit had been used to update the 'master template' in the practice clinical system that was used within the local CCG area to ensure the correct information was recorded for the management of these patients.
- The practice was actively engaged with the local CCG prescribing engagement scheme. For example, they had completed work to reduce antibiotic prescribing. The practice manager worked closely with the CCG pharmacist who was based at the practice part-time. The practice completed regular reviews of medication to ensure prescribing was in line with local and national guidance.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, however some training required updating for some staff in line with the latest guidance and some training needed to be completed.

Are services effective?

(for example, treatment is effective)

- The practice told us that they had an induction programme for all newly appointed staff, including locum GPs. However, we reviewed three staff files and saw no evidence that this induction programme was recorded. The practice had introduced a new induction programme policy in November 2015; no staff had been recruited since this policy was introduced. However, the new induction training programme did not include the need to have infection control, safeguarding or basic life support training.
- The practice had a thorough supervision and support programme for GP trainees at the practice.
- Staff members told us they completed role-specific training and the practice supported its provision. For example, updates for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff told us that they had access to training, for example staff attended CCG led training events. Online training had recently been made available to all staff; however, only nine staff out of 31 had completed any training on the system when we inspected the practice.
- We reviewed the staff training records held at the practice. They had a system for recording and monitoring staff training; however we found some training completed previously needed to be updated in line with the latest guidance and some training still needed to be completed. For example, fire safety training for all staff needed to be updated. Infection control training needed to be completed to an appropriate level relevant to their roles for all staff. Staff had not completed information governance training. The practice told us staff had been set a date of September 2016 to complete all of their required training by.

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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital. However, record keeping of the meetings where care was discussed, for example with district nurses, was limited or absent.

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.
- Training records reviewed during the inspection showed that mental capacity act training had only been completed by one GP.

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.
- Healthcare assistants at the practice provided smoking cessation advice. The practice had introduced 'New Year resolution' letters that were sent to known smokers with a long-term condition to encourage them to stop smoking. These letters have been shared with other local practices by the local CCG.

Are services effective?

(for example, treatment is effective)

- Information such as NHS patient information leaflets was also available and the practice's website provided a good range of information for patients.

The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average of 81% and below the national average of 82%. 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

years old ranged from 90% to 98% (CCG average 81% to 97%), and for five year olds ranged from 82% to 98% (CCG average 90% to 98%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 31 Care Quality Commission comments cards we received were positive about the care and treatment they received from the practice. Patients reported that they received good care; staff were polite, friendly and caring and treated them with dignity and respect.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were higher, when compared to the local and national averages. For example:

- 93% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 91% said the GP they saw or spoke with gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 93% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 94% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

Data from the most recent Friends and Family Survey carried out by the practice from December 2015 to

February 2016, showed that 92% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only one patient said they would be unlikely to recommend the service.

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.

Results from the National GP Patient Survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local CCG and national averages.

For example:

- 93% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

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 was available on local support organisations for patients who had been bereaved.

When patients registered with the practice they were asked if they were a carer. An online form was available for patients to inform the practice that they were a carer. The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them.

Are services caring?

Information to support carers was available on the practice website and in the waiting area. The practice had identified about 3.7% of the practice list as carers. The practice referred carers to appropriate support and advice services in the local area. Carers were offered health checks, when we inspected the practice 37% had had this check completed.

When families experienced bereavement the practice provided appropriate support, for example 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 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. For example, the practice manager was the group buying lead for the locality and the lead GP was active in the provision of CCG led training.

The practice was aware of the needs of their practice population provided services that reflected their needs. For example:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- Extended hours appointments were available with a GP on three mornings a week and five mornings a week with a nurse or healthcare assistant.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- A locality based care navigator worked at the practice; they supported patients with long-term conditions, particularly those who were housebound.
- The practice ensured patients at high risk of admission to hospital were identified and offered appropriate care.
- Home visits were available for older patients and patients who would benefit from these; home visits started at 10am.
- Same day appointments were available for children and those with serious medical conditions.
- Clinical staff had undertaken training to raise awareness of female genital mutilation and information relating to this was displayed in the clinical rooms.
- Patients were able to receive those travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services were available.
- The practice provided smoking cessation support.
- The practice provided a full range of contraceptive services and held a sexual health clinic.
- GPs at the practice provided drug and alcohol support services and worked with support services when appropriate.

- The practice provided a minor surgery service; spirometry and patients could self-refer for physiotherapy.

Access to the service

Dr Kaura and Partners was open at the following times:

- Monday to Friday 7am to 6pm

When the practice was closed patients were directed to the NHS 111 service. This information was available on the practice's telephone message and website.

Appointments were available at Dr Kaura and Partners at the following times:

- Monday to Friday from 8am to 1pm then 1pm to 5:40pm.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was both above and below local and national averages.

- 94% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 94% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 91% patients said they able to get an appointment or speak to someone last time they tried (CCG average 85%, national average 85%).
- 55% feel they normally don't have to wait too long to be seen (CCG average 61%, national average 58%).

The practice had reviewed their appointment system to ensure it was responsive to the needs of their patients and worked well for the clinical staff. This had enabled early morning appointments with GPs and nurses to be provided and home visits commencing at 10am each weekday.

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. The lead GP was responsible for ensuring compliance with the complaints policy.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, information was on display in the reception area and in the practice leaflet.

We looked at three of the eight complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons

were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However, we found that the practice stored records relating to a patients complaints in their electronic medical records. This was not in line with the practices complaints policy, which stated that complaint 'records will be kept separately from patients' medical records'.

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 statement of purpose that included their aims and objectives. These included 'the provision of excellent patient care' and 'care will be provided by suitably trained members of staff who will have the correct skills, training and experience to carry out their duties at work and they will work together with other non-practice primary care staff to ensure the on-going appropriate care of our patients'.
- The practice had a mission statement that included their core values. These included 'putting patients at the heart of everything we do' and 'providing the highest standard of care and treatment'. This mission statement was displayed in the practice's waiting area and was available on their website.
- A business development plan was in place and identified short and longer-term objectives.
- The practice was active in the local clinical commissioning group (CCG) and local practices. For example, the practice manager produced resources to assist in the monitoring and benchmarking of Quality and Outcomes Framework (QOF) data.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and these were easily accessible to staff.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement, QOF prevalence and prescribing practice were regularly monitored. The practice manager monitored performance on a regular basis.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.

Leadership and culture

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

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

- Staff told us the practice held business, clinical, administrative and nurse meetings. However, the practice told us that minutes were not regularly produced following these meetings. For example, the practice was only able to provide the minutes for two administrative meetings. No minutes for any other meetings were available on the day of the inspection. The practice recognised the need to improve in this area.
- Staff felt empowered and supported by the practice. Positive and supportive working relationships were evident during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners at the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients and staff through:

- An active patient participation group (PPG) that met regularly and provided feedback to the practice. For example, the practice had consulted the PPG on the provision of extended hours and taken their views into

Are services well-led?

Good 

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

account. The practice also had an e-forum group of patients who received the practice newsletter and completed in-house surveys. Information on how to join these groups was available on the practice website.

- 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.

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 was planning effectively for changes at the practice.

For example,

- The practice had highlighted the need for effective and consistent training for trainee GP's in the clinical system being used by local practices. This issue has now been taken forward by the local CCG who will shortly provide this training for all new entrants.
- The practice was part of the pilot programme that developed an adaptive 'master template' for the collection of clinical data during patient consultations. This template was available to all Gateshead practices.
- A locality based care navigator worked at the practice; this service provided health care and support to patients with long-term conditions, particularly those who are housebound.
- The practice had been active in creating a joint working protocol to ensure refugees who were located in the local area were effectively supported and best practice was shared between the services involved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff had completed or updated all of the appropriate training as was necessary to enable them to carry out the duties they were employed to perform. Specifically, fire safety training for all staff had not been updated in line with the latest guidance. Infection control training had not been completed to an appropriate level relevant to their roles for all staff. Staff had not completed information governance training.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>