

Grainger Medical Group

Inspection report

Elswick Health Centre
Meldon Street
Newcastle Upon Tyne
NE4 6SH
Tel: 0191 2986060

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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Grainger Medical Group on 31 July 2018. This was as part of our inspection programme; to inspect all practices within 12 months of a new registration with the Care Quality Commission.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented was not always effective. When incidents did happen, the practice learned from them and improved their processes.
- Clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- The practice had started to review the effectiveness and appropriateness of the care they provided. However, this work had yet to demonstrate improvements were made as a result.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice understood the needs of its population and had taken steps to tailor services in response to those needs.
- Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. There were low satisfaction levels with access to the practice by phone and experience of making an appointment.
- There was some evidence of systems and processes for learning, continuous improvement and innovation. The practice was in the process of developing a clinical leadership structure to support a stronger focus on continuous innovation and improvement.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Review the decision to not stock medicines to treat patients experiencing bradycardia (a slower than normal heart rate) during minor surgery or fitting of contraceptive coils.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Grainger Medical Group

The Care Quality Commission (CQC) registered Newcastle General Practice Services Ltd to provide primary care services from Grainger Medical Group.

The practice provides services to around 6,800 patients from two locations:

- Elswick Health Centre, Meldon Street, Newcastle Upon Tyne, NE4 6SH
- Scotswood Branch Surgery, 460 Armstrong Road, Newcastle upon Tyne, NE15 6BY

We visited only the main surgery at Elswick Health Centre during this inspection. This was because the branch surgery was due to close in September 2018.

Grainger Medical Group provides care and treatment to patients of all ages, based on an Alternative Provider Medical Services (APMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has two GPs from the local GP federation (both male) and two salaried GPs (both female). They

also have a practice manager, an assistant practice manager, three nurses (all female), two healthcare assistants (both female) and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 74.7 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 79.9 years, compared to the national average of 83.2 years.

70.1% of the practice population were white, 2.2% were mixed race, 21.8% were Asian, 3.6% were black and 2.3% were other races.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented was not always effective.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse. However, the governance arrangements for maintaining infection prevention and control needed improvement.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. The practice had identified staff needed update training in the safeguarding of vulnerable adults and had a plan in place to address this. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment. However, the arrangements to check that nurses held current professional registration was not up to date. Although all doctors had medical indemnity in place, not all nursing staff did at the time of the inspection. The practice wrote to us afterwards to tell us they had addressed this and now had medical indemnity in place for all clinical staff.
- We found the practice to be clean and hygienic. However, the practice had not audited their infection control policies and procedures against the actual arrangements. The lead for infection control had not received specific specialist infection prevention and control training to support them in their role. Staff did

not maintain records to demonstrate reusable equipment was cleaned after every use. After the inspection, the practice told us they were taking steps to address these concerns.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. However, the practice did not hold the full expected range of emergency medicines.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with most medical emergencies and staff were suitably trained in emergency procedures. However, they did not hold some medicines recommended by the Resuscitation Council UK and there were no risk assessments in place to demonstrate why these were not needed. The practice wrote to us after the inspection to tell us how they would address this issue. They told us they had purchased some additional emergency medicines and put in place risk assessments to demonstrate why they did not need other emergency medicines. However, the practice did not stock medicine to treat patients experiencing bradycardia (a slower than normal heart rate) during minor surgery or fitting of contraceptive coils and this conflicted with nationally available guidance.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
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- The practice told us about the improvements they had identified following a malfunction of a refrigerator used to store temperature sensitive medicines on the day of the inspection.

Track record on safety

The practice had a good track record on safety.

- With the exception of emergency medicines, there were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, there was a lack of detailed recording of the action taken in relation to patient safety and medicine alerts.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. The practice had not yet had the opportunity to review incidents for trends and themes, but planned to do this in the near future as part of a whole team meeting.
- The practice told us they acted on and learned from external safety events as well as patient and medicine safety alerts. However, the system in place did not provide an effective audit of this.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice. However, there was an over reliance on individual clinicians making sure they kept up to date themselves, with limited opportunities for shared discussion and learning on new guidelines. The practice recognised this as an area they needed to improve. They told us as a new team they were in the process of developing systems and opportunities to support shared learning for clinicians. They had started to hold regular clinical meetings, where they undertook peer reviews of referrals and discussed cases as part of a multi-disciplinary team. As the provider had been awarded the long-term contract to deliver services from the practice, the management considered they could now build on the start they had made in this area.

We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice was below average for indicators relating to diabetes care and hypertension in 2016/17. This related to a period when the provider was not responsible for providing the service from this practice. They provided unverified and unpublished data for 2017/18, which demonstrated improvement in these indicators.
- The practice used the Year of Care approach to support monitoring and management of patients with long term conditions. This approach helps patients to manage their own long-term condition.
- The practice told us the local demographics of the patient population made it difficult to engage patients in regular reviews of their conditions. There were high levels of deprivation, with a highly transient and diverse ethnic population. As a new team the practice were still considering how they could improve outcomes for patients with long term conditions. The practice planned to implement a leadership structure for long term conditions. However, this was not in place at the time of the inspection.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above but slightly below the World Health Organisation targets of 95%. The data

Are services effective?

however, encompassed the period when the provider was not responsible for providing the service from this practice. We do not have more up to date data to assess the practice performance in this area.

- The practice told us the local demographics of the patient population impacted on uptake of immunisations.
- There were high levels of deprivation, with a highly transient and diverse ethnic population. They told us they identified and immunised a high number of children outside the normal schedule, whenever they registered with the practice. They told us they sent reminders to parents to attend for immunisation and worked closely with health visitors to increase uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 57.8%, which was below the 80% coverage target for the national screening programme. The data however, encompassed the period when the provider was not responsible for providing the service from this practice. We do not have more up to date data to assess the practice performance in this area. The practice was aware they were below target in this area and were taking a very active approach to improving uptake. There was a detailed improvement plan in place. They had worked closely with a national cancer charity, Cancer Research UK, to plan this and develop innovative approaches. This included running a public health promotion, 'No Fear; Have a smear'; providing specific promotion information in alternative languages; sending the third reminder letter on pink paper, so it stood out more to eligible patients; holding a regular prize draw to win a pamper pack for women who attend for cervical screening and creating pop up alerts on the clinical system for women who had failed to attend for screening to support opportunistic screening. The practice also arranged pre-screening appointments for those who were worried about cervical screening so they could answer any questions and explain the procedure.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of their screening rates in these areas, and

were working closely with Cancer Research UK to plan improvements in this area. They had trained clinical and non-clinical staff in bowel and breast cancer screening, to enable them to answer any questions and encourage uptake. They had an action plan in place, which was due to start in March 2019, to support an increase in the uptake of screening. This included a plan to send out personalised letters to eligible patients endorsing the uptake of screening.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- As part of the planned improvement work to increase uptake of cancer screening, the practice had identified the need to increase the number of patients with learning disabilities taking up the opportunity for screening of bowel and breast cancers. They planned to increase engagement with these patients, and their carers, to encourage them to undergo screening. This included sending out letters and information to these patients in an easy read format to support understanding of what the screening procedures entailed. Also encouraging patients to undergo screening during their annual health check and answering any questions for patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- An advanced nurse practitioner visited housebound patients to carry out structured annual review to check their health and medicines needs were being met.

Are services effective?

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and signposting to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice was below average for the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months in 2016/17. However, this related to a period when the provider was not responsible for providing the service from this practice. They provided unverified and unpublished data for 2017/18, which demonstrated improvement in this indicator.

Monitoring care and treatment

The practice had started to develop a programme of quality improvement activity. However, further development was needed to ensure the practice routinely reviewed the effectiveness and appropriateness of the care provided.

The practice did undertake some audit work to check they were providing care as expected. For example, they ran regular checks on patients diagnosed with long-term conditions to ensure they were identified for regular health checks as part of the Year of Care approach. They had carried out one cycle of a clinical audit in March 2018 to check the use of inhalers for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was in line with national guidance. The second stage of this audit was planned to take place once the identified improvements had been carried out.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, not all staff had undertaken recent

training on the safeguarding of vulnerable adults. The practice had identified this as an area for improvement and had a plan in place to address it. All clinical staff had undertaken this training.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We spoke with a number of stakeholders and health care professionals, who worked closely with, but not for the practice. They all spoke very highly of the working relationship with the practice and commended the practice on good quality coordination of care and treatment. They told us the practice were very proactive in supporting patients, particularly given the practice demographics.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and the Year of Care initiative.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- The practice took an active approach in encouraging patients to take up the opportunity of screening to support early identification of cancer.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally below local and national averages for questions relating to kindness, respect and compassion. However, these related to a period when the provider, Newcastle GP Services Limited, was not responsible for providing the service. New data published after the inspection had taken place, showed the practice were slightly lower than average for relevant questions relating to kindness, respect and compassion. Feedback from CQC comment cards and the Friends and Family test was more positive about the kindness, respect and compassion shown by the practice.
- The practice told us they were aware the previous high use of locums and high staff turnover rates for clinical staffing had impacted on patient satisfaction levels. They told us they were planning to create a more stable clinical team, both with the staff they had already recruited and those they planned to recruit. They told us the certainty given by being awarded the long-term contract to provide services at the practice would help them to recruit and retain staff.
- They planned to check patient satisfaction levels with an annual patient survey. They planned to run this for the first time in August 2018.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. However, these related to a period when the provider, Newcastle GP Services Limited, was not responsible for providing the service. New data published after the inspection had taken place, showed the practice was in line with the England average for satisfaction with involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services .

We rated the practice and all population groups as requires improvement because:

- There were lower than average satisfaction levels in the 2018 national GP Patient Survey relating to telephone access and the experience of making an appointment. This impacted on all population groups. The practice planned to make improvements in these areas, however, the plans had not reached implementation stage at the time of the inspection.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The practice understood the needs of its population and had taken steps to tailor services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. However, the practice did not offer an extended hours service to enable patients who worked or were in full time education to attend outside normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. An

advanced nurse practitioner carried out home visits for annual health checks and relevant immunisations for those patients who were frail and elderly and unable to attend the surgery.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment.
- The percentage of respondents to the GP patient survey who said they had enough support in the last 12 months to help manage their long-term condition was 69% (CCG average 83%, England 79%).
- An advanced nurse practitioner carried out home visits for annual health checks and relevant immunisations for those patients with a long-term condition who were unable to attend the surgery.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and offered continuity of care. However, the practice did not provide extended opening hours to enable patients who worked or were in full time education to attend outside normal working hours.
- The practice had developed a comprehensive action plan with Cancer Research UK to address historically low uptake of cervical screening. There were taking a multi-prong approach to encouraging women to attend for screening, including participation in the 'No Fear, have a smear' public health campaign, promoting and

Are services responsive to people's needs?

highlighting to women where they failed to attend by putting the reminder letter on pink paper, and holding a regular prize draw to encourage women to attend for cervical screening.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. There were low satisfaction levels with access to the practice by phone and experience of making an appointment. The practice was aware of this and were starting to make plans as to how they would address this. They told us they planned to carry out an annual patient survey going forward, to check if improvements made resulted in improved patients' satisfaction levels.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system was not easy to use. This was supported by indicators in the national GP Patient Survey in 2017, which showed

below average satisfaction levels with access to the service. However, these related to a period when the provider, Newcastle GP Services Limited, was not responsible for providing the service. New data published after the inspection had taken place, showed similar levels of dissatisfaction with some indicators relating to access. Less than half (at 41%) said they found it easy to get through to this GP practice by phone. Similarly, only 51% of respondents to the GP patient survey described their experience of making an appointment as good.

- Practice staff told us they were aware the phone system caused difficulties in enabling patients to contact the practice in a timely way. They told us they planned to source a new phone system to ease access difficulties. They had held off investing in a new system until there was clarity on contractual arrangements. They told us now the provider had been awarded the long-term contract to provide primary medical services from the practice they could move forward with improvement plans in this area.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well-led services because:

- There was a lack of formalisation to clinical leadership.
- There were some areas where systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented was not always effective.
- We were not assured there was good oversight of patient safety alerts.
- Clinical audit had not yet demonstrated a positive impact on the quality of care and outcomes for patients.
- The practice had not yet sought the views of patients to support them to improve the quality of service offered.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, the leadership structure within the practice was still in development. There was a lack of formalisation to clinical leadership. The provider told us they planned to create a more formalised structure.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were starting to address them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had started to consider how they would embed effective processes to develop leadership capacity and skills. The recruitment and sustainability of a stable clinical team was a high priority for the provider. The practice had made progress in recruiting the clinical team, with further recruitment was planned. The practice had not yet developed a full clinical leadership structure and arrangements were mostly informal.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. There was the start of a plan in place to deliver this, with initial focus on identifying and addressing areas that needed improvement, delivering the service under an emergency

contract and meeting contractual obligations. There were still some areas that needed more detailed planning to support continuous improvement and effective governance procedures.

- There was a clear vision and set of values. The practice had a realistic strategy and initial supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Most staff had received regular annual appraisals in the last year. Where staff had not yet received an appraisal this year, one was planned. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were mostly clear responsibilities, roles and systems of accountability to support good governance and management. However, there were some areas where systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented was not always effective.

- Structures, processes and systems to support good governance were clearly set out, understood and effective. However, the uncertainty over who provided clinical leadership in each area meant some opportunities to continually improve had not yet been identified. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Most staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, the lead for infection control had not received specific specialist infection prevention and control training to support them in their role.
- Practice leaders had established policies, procedures and activities to ensure safety, however, they had not always assured themselves that they were operating as intended. For example, in relation to infection prevention and control; checking professional registration of nursing staff; and, patient safety and medicine alerts.

Managing risks, issues and performance

There were mostly clear and effective processes for managing risks, issues and performance. However, we were not assured there was good oversight of patient safety alerts and clinical audit had not yet demonstrated a positive impact on the quality of care and outcomes for patients.

- There was an effective, process to identify, understand, monitor and address current and future risks including most risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints.
- Clinical audit had not yet had a positive impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality. However, some of the planned improvement activity had not had enough time to demonstrate results.

- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support high-quality sustainable services. There were plans in place to seek the views of patients, however, these were not yet operational.

- Staff and external partners were encouraged to express any views or concerns. The practice acted on these to help shape services and culture.
- The practice did not have an active patient participation group at the time of the inspection. However, they recognised this as an area for development and had taken steps to address it. They also planned to carry out a full patient survey in August 2018.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

There was some evidence of systems and processes for learning, continuous improvement and innovation. However, the practice recognised this was an area for improvement. The practice was in the process of developing a clinical leadership structure to support a stronger focus on continuous innovation and improvement.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">* Had not established systems of audit and review to ensure the safety, quality and effectiveness of care. Clinical audit had not yet demonstrated improvement. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">* The practice had not audited their infection control policies and procedures against the actual arrangements in place. Staff did not maintain records to demonstrate reusable equipment was cleaned after every use.* There were ineffective assurance processes in place to check all relevant staff had appropriate professional registration and medical indemnity in place.* There was not good oversight of patient safety and medicine alerts. There was insufficient assurance that clinicians were appropriately notified of relevant patient safety and medicine alerts. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">* The practice had not yet established a patient participation group to seek the views of patients.

This section is primarily information for the provider

Requirement notices

There was additional evidence of poor governance. In particular:

- * The clinical leadership was informal and had not yet demonstrated it supported improved outcomes for patients in all areas.
- * The practice did not have processes in place to ensure clinicians were kept up to date. There were limited opportunities for staff to benefit from shared discussion and learning on new legislation, standards and guidance.
- * Not all staff had received an annual appraisal.
- * The lead for infection control had not received specific specialist infection prevention and control training to support them in their role.