Rowlands Gill Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Rowlands Gill Medical Centre on 28 January 2015. We inspected the main surgery at Rowlands Gill and the branch surgery at High Spen. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe and responsive services and being well led. Improvements were also required to ensure effective and caring services are provided.

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

- The branch surgery premises at High Spen had been in need of renovation for several years and the practice had failed to take any action to address this.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there were no fire or health and safety risk assessments in place. A legionella risk assessment which identified risks had not been actioned. There was a process in place for reporting incidents, near misses and concerns however; there was a failure to follow this process.
- There was a limited amount of clinical audits in place to improve patient outcomes.
- There were gaps in the management of training and appraisal for staff, although staff reported they felt supported to carry out their roles.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients reported difficulty in getting through to the practice on the telephone to make an appointment. The national GP survey data showed that the percentage of patients rating their ability to get through on the phone as very easy or easy was 40%, the national average is 77%.
- Patients stated it was difficult to obtain an appointment. Queues of patients formed outside of the main surgery every morning prior to the practice

Summary of findings

opening. The national GP survey data showed that the percentage patients reporting a good overall experience of making appointment was 52%, the national average is 78%.
- Information on the services the practice provided was limited for patients and they had not sought the views of their patients in order to improve the quality of service.
- The practice was not following recognised guidance and contractual obligations in respect of complaints for GPs in England.
- Although there was a formal leadership structure the arrangements for governance and performance did not operate effectively.

The areas where the provider must make improvements are:

- Ensure systems and process are in place to improve and monitor quality, effectiveness and safety, including access to the service.
- Ensure appropriate infection control systems are in place.
- Ensure the premises are safe and suitable for all patients to access.
- Ensure they have a system for identifying, receiving, handling and responding to complaints and provide support to to patients to make a complaint.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appraisals and assessments of their training needs.

The areas where the provider should make improvements are

- Review the assessments of dispensing staff competency and their professional development.
- Review patient access to appointments and the effectiveness of the telephone system.
- Review wheelchair access to Rowlands Gill Medical Centre.
- Review information available to patients on the services the practice provides.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. There was a risk to the patients because the branch surgery premises needed updating. Patients were at risk of harm because systems and processes were either not in place or not followed. For example, there was no health and safety or fire risk assessment. A legionella risk assessment which identified risks had not been actioned.

There was a process in place for reporting incidents, near misses and concerns, however, there was a failure to follow this process. There were infection control policies in place but these were not followed and infection control risks were not identified by the practice. Appropriate recruitment checks on staff had not been undertaken prior to their employment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective as there are areas where improvements must be made. The practice did not have a system in place for completing clinical audit cycles, which would have led to improvements in clinical care. There were gaps in the management of training and appraisal for staff. We saw that knowledge of and reference to national guidelines were consistent. Multidisciplinary working was taking place.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Patients said they were treated with compassion, dignity and respect. At High Spen Branch Surgery there were was no privacy for patients at the reception area, patients raised concerns about this. From the 2014 National GP Patient Survey we saw scores in involving patients in their care and treatment were below the national average. There was limited information available to help patients understand the services available to them.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. Patients reported difficulty in getting through to the practice on the telephone and in obtaining an appointment. It was unclear if this was for emergency or routine appointments. Queues of patients formed outside of the main

Summary of findings

surgery on a morning prior to the practice opening. The practice responded to complaints, however they did not have a complaints policy and therefore were not following recognised guidance and contractual obligations for GPs in England.

Are services well-led?

Inadequate 

The practice is rated as inadequate for well-led. The vision and values for the practice were not well developed. The arrangements for governance and performance did not operate effectively. Risks were not dealt with appropriately or in a timely way. The practice had not sought the views of their patients in order to improve the quality of service.

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

Inadequate

The practice is rated as inadequate for the care of older people due to the domains of safety, responsive and well-led being rated as inadequate. Patients aged 75 and over had a named GP. The practice provided care to patients in a local care home and they had links to a local organisation who supported elderly carers. The practice were involved in the setting up of a local befriending and visiting service for the elderly.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions due to the domains of safety, responsive and well-led being rated as inadequate. The GPs and practice nurse managed long term conditions, reviews of medicines were carried out in the patient's birth month. The administration team provided support in managing prescriptions, correspondence and call and recall of patients. Electrocardiograms (ECG) were offered and home blood pressure monitors could be loaned out to monitor the health of those with long-term conditions.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people, due to the domains of safety, responsive and well-led being rated as inadequate. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Children with complex needs were included in the enhanced care planning which the practice carried out. The practice offered baby and anti-natal clinics and routine immunisations for babies and children under five, during clinic appointments.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired), due to the domains of safety, responsive and well-led being rated as inadequate. The practice offered repeat prescriptions on-line. GPs offered daily telephone appointments. The appointments system did not meet the needs of those working who could not attend in the morning to queue for access.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate 

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable, due to the domains of safety, responsive and well-led being rated as inadequate. There was a register of patients with learning disabilities and they could choose if they had a surgery appointment or home visit. A member of staff was fluent in British sign language. One of the GP partners ran a weekly clinic for those experiencing problems with substance misuse.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia), due to the domains of safety, responsive and well-led being rated as inadequate. There was access via the practice to external organisations, for example MIND counsellors, community psychiatric nurses and the memory protection service.

Summary of findings

What people who use the service say

We spoke with six patients on the day of our inspection three at each location. Two patients we spoke with at Rowlands Gill said they felt the GPs had enough time for them and they praised the staff and GPs. One of the patient's raised concerns about making an appointment saying the system was not good.

All three patients we spoke with at High Spen Branch Surgery said the GPs and staff were good, they all commented that the branch premises were unacceptable and were too small or in need of an upgrade.

We reviewed 81 CQC comment cards completed by patients prior to the inspection. Of the 22 CQC comment cards completed at Rowlands Gill 11 were positive; and commonly used words included 'excellent care' and 'first class service'. The other 11 cards, although praising the care, contained negative comments. There were two themes. Firstly, three patients said it was unacceptable they had to queue outside the practice before it opened if they wanted to make an appointment. Secondly, five patients referred to problems getting through on the telephone and being unable to obtain an appointment.

There were 59 CQC comment cards completed at the branch surgery at High Spen. Comments about the care patients received were overwhelmingly positive. They included words such as 'fantastic, wonderful and exceptional'. However, there were 11 negative comments about the size of the premises and the need for the building to be updated.

The latest National GP Patient Survey showed scores to be below the national average. The results were:

- Percentage of patients who would recommend the practice – 62% (national average 79%);
- Percentage of patients rating their ability to get through on the phone as very easy or easy – 40% (national average 77%);
- Percentage of patients reporting a good overall experience of making appointment – 52% (national average 78%);
- GP Patient Survey score for satisfaction with opening hours – 57% (national average 79%).

Areas for improvement

Action the service MUST take to improve

- Ensure systems and process are in place to improve and monitor quality, effectiveness and safety, including access to the service.
- Ensure appropriate infection control systems are in place.
- Ensure the premises are safe and suitable for all patients to access.
- Ensure they have a system for identifying, receiving, handling and responding to complaints and provide support to patients to make a complaint.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appraisals and assessments of their training needs.

Action the service SHOULD take to improve

- Review the assessments of dispensing staff competency and their professional development.
- Review patient access to appointments and the effectiveness of the telephone system.
- Review wheelchair access to Rowlands Gill Medical Centre.
- Review information available to patients on the services the practice provides.

Rowlands Gill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a practice management advisor and a CQC pharmacist.

Background to Rowlands Gill Medical Centre

The area covered by Rowlands Gill Medical Practice is mainly the postcode of NE39. The main surgery in the practice, Rowlands Gill Medical Practice, is located in the town of Rowlands Gill. Patient areas are located on the ground floor.

High Spen Branch Surgery is located in the village of High Spen. The surgery is located in a pre-fabricated building in a residential street in the village. There is one consulting room, a waiting area and a patient toilet. There are no practice nurse consultations available at the branch due to there only being one consulting room. Patients wishing to see a nurse are asked to travel to the main surgery. The branch surgery is a dispensing surgery. This means under certain criteria they can supply eligible patients with medicines directly.

The practice has two GPs partners and three salaried GPs, one male and four female. There are two practice nurses and one health care assistant. There is a practice manager, reception manager, dispenser and reception and ten administrative staff.

The practice provides services to approximately 6,800 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) Agreement with NHS England.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Gateshead Community Based Care Limited, which is also known locally as 'GatDoc'.

The addresses of the main and branch surgeries are;

- Main – Rowlands Gill Medical Centre, The Medical Centre, The Grove, Rowlands Gill, Tyne and Wear, NE39 1PW
- Branch – High Spen Branch Surgery, Bute Rd South, High Spen, Rowlands Gill, Tyne And Wear, NE39 2AP

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 28 January 2015. During our visit we spoke with several members of staff. This included GPs, the practice manager, a practice nurse, reception and administrative staff. We also spoke with six patients who used the service. We reviewed 81 CQC comment cards, where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

As part of our planning we looked at a range of information available about the practice from our Intelligence Monitoring. This included information from the Quality Outcomes Framework (QOF), which is a national performance measurement tool and the GP national patient survey. The latest information available to us indicated there were some areas of risk in relation to patient safety. For example, from the GP national patient survey 40% of patients rated the ability to get through on the phone as very easy or easy (national average 77%).

The practice registered with CQC in 2012, at registration they stated they were not fully compliant with the Health and Social Care Act (Regulated Activities) Regulations 2010, regulation 15, Safety and Suitability of Premises. This was because the premises at High Spen Branch Surgery were in need of some improvement and refurbishment. They stated that 12 - 18 months was an appropriate timescale to achieve any improvements and they would be compliant with regulation by 31 December 2013. During this inspection we found they had not taken any action to achieve compliance other than discussions with the local council who owned the land regarding future plans.

Systems and processes to address safety risks such a potential fire were not fully implemented to ensure patients were kept safe, for example, we could not see evidence of fire drills . The practice could therefore not demonstrate a consistent safe track record over the long term.

Learning and improvement from safety incidents

The practice manager and GP partner told us there was a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff we spoke with could describe the process. The practice manager and GPs told us that significant events were discussed as soon as practicable at regular staff meetings.

However, the practice could only show us documentary evidence of one significant event. There was no schedule of significant events logged over time or any further examples. A member of staff described to us an incident where a patient had fallen off a chair and told us this was reported and recorded; the practice could not make any records of this incident available to us. Another member of staff described a needle stick injury from the handling of a sharps bin. The member of staff said this was investigated but there were no written records of this available to us. There were failures to follow the systems in place to review and share learning from events, incidents and accidents.

National patient safety alerts were disseminated by the practice manager to the GPs, practice nurses and dispenser. They said it was each member of staff's responsibility to ensure these were read and they would check at practice meetings that this had been done. We an example of minutes from a practice meeting in September 2014, however national patient safety alerts were not included in the agenda.

Reliable safety systems and processes including safeguarding

The practice had a designated lead GP for safeguarding children and safeguarding adults. All of the GPs working in the practice been trained to level 3 for safeguarding children. We were told the practice had both safeguarding adults and children policies but we did not physically see them, they were held on a desktop on the practice's computer system, which we saw. Two of the GPs had attended a training event regarding multi-agency risk assessment conferences (MARAC). MARACs are regular local meetings where information about high risk domestic abuse victims is shared in order to safeguard them.

Staff told us they had received safeguarding training and could describe to us the procedures to follow if they had any concerns. However, there were no records held of safeguarding training to confirm this.

There was a monthly children and young people safeguarding meeting held in the practice with health visitors; and there was an open invitation for the school nurses and midwife to attend. We saw copies of minutes from the latest meeting to confirm this.

The practice had a chaperone policy. A notice was displayed in the patient waiting areas to inform patients of their right to request a chaperone. The practice manager told us that the practice nurses acted as chaperones when required and the practice nurse told us they had received training for this at a training session. However, members of the administration staff told us in the past they had acted as chaperone, although they had not received training for this.

Inadequate

Are services safe?

Medicines management

We saw that requests for repeat prescriptions were dealt with in a timely way. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs. Vaccines were administered by the practice nurses using Patient Group Directions (PGDs) that had been produced line with national guidance.

We looked at records to see if medicines requiring refrigeration had been stored appropriately. Recent records had been completed to monitor refrigeration temperatures but a maximum-minimum fridge thermometer was not used in the dispensary fridge. This meant that it was not possible to demonstrate that the temperature was always within the correct range. Emergency medicines were available and regularly checked to ensure they were suitable for use, when needed.

The practice operated a dispensing service (this means under certain criteria they can supply eligible patients with medicines directly) from the High Spen Branch Surgery. Professional support was provided to the dispensary staff by the practice doctors. However, the accountable GP had not completed assessments of dispensing staff competency and there was a lack of on-going learning and training opportunities for dispensers.

We were concerned about the security of the branch surgery due to there being medicines kept on the premises, although there were no controlled drugs.

A GP completed the necessary medicines reviews and checked the accuracy of the dispensing before medicines were issued to each patient. The written dispensary procedures were kept under review but, the practice did not have a system in place to assess the quality of the dispensing service.

Although actual dispensing errors were logged, there was no record of 'near misses' or significant events for the purpose of review and learning from incidents.

Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

Cleanliness and infection control

The practice had not carried out regular infection control audits and subsequently failed to identify infection control issues. One of the practice nurses confirmed they had been appointed as infection control lead ten days prior to our inspection. They said they had not received any recent infection control training. They told us they had carried out an infection control risk assessment on 22 January 2015; this had identified several areas where improvement was required. There were generic infection control policies and procedures available in the practice.

At Rowlands Gill Medical Centre we found the premises to be generally clean and tidy. Sharps boxes had been signed and dated. We saw arrangements for the disposal of waste had been made. The practice used contract cleaners to clean the premises at Rowlands Gill, the practice manager told us there was a cleaning manual with guidance for them as to the cleaning routines. There were cloth curtains around the couches in the treatment rooms. The practice manager told us they were cleaned in December 2014. However, the patient toilet was odorous, the flooring in it was worn and there was hand wash available, however this was stored away from the handbasin. The sealing around the sinks in consulting and treatment rooms had failed. There were no biohazard body fluid spillage kits available.

Staff at High Spen Branch Surgery carried out the cleaning. There were no cleaning schedules or any timetables in place to set out how often cleaning should have taken place, staff had not received infection control training. We saw there were infection control risks. Part of the flooring in the patient toilet was torn away behind the toilet basin. There were no tiles or splash back at the back of the hand basin in the patient toilet. In the consulting room the seat of the chair which patients sat in was torn. The floor tiles in the consulting room were old and had uplifted because of a flood. They had been glued back down to the floor; however there were gaps between them. There were no tiles or splash back at the back of the hand basin in the room. The covers on the storage heaters were rusting and in need of maintenance. There were no biohazard body fluid spillage kits available within the branch to respond to any spills, leaks or other discharges of hazardous wastes.

A legionella risk assessment was not needed at High Spen Branch Surgery as there were no water storage tanks (legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice manager said that a legionella risk assessment had been carried out at Rowlands Gill Medical Centre. We asked to see this. They said they did not know where this was. We asked if there were any issues with the assessment. The

practice manager said there were, they thought there was an issue with the water returning in the system, they had needed to get a tradesman in to alter the way the water fed back. We asked when the Legionella Risk Assessment had been carried out and were told it was sometime in 2012. The practice manager said they had spoken to the GP partners in the practice to ask for funding to be approved to carry out the work needed from the risk assessment and that was as far as they had gone to address the recommendations. We asked one of the GP partners about this they said that a GP partner who left the practice in 2013 was the last person to have it and they believed they may have taken it with them. Therefore we were unable to identify the recommendations in the report or that they had been acted upon in order to manage the risk of infection to staff and patients.

Equipment

We asked the practice manager and GP partner if the issues declared at initial registration with CQC had been addressed at the branch surgery, in order for them to be compliant with regulation for safety and suitability of premises. They told us that nothing had been done, this was because they were undecided on the future of the branch.

When we visited the branch surgery we saw appropriate measures had not been taken in relation to security of the premises. The intruder alarm was broken, there was one door with one lock and the windows were large and not shuttered. When the branch was not open the hatch at reception had a wooden board placed across it which was secured with bolts. All of these mechanisms could be breached. Approximately 900 patient paper based records were held on shelving in the reception area, there were no facilities to lock these away. There was also a risk to the security of medicines as the branch had a dispensary.

The outside of the building was in need of maintenance, a large part of the fabric of the exterior of the building was wood. This was painted and the paint was visibly peeling off. Paint was peeling off the window frames. The inside of the building was in need of decoration, there were stains visible on the floor and walls from a flood. Pipes for heating and water had been painted and the paint was peeling off leaving rusting pipes exposed underneath. Covers on storage heaters had exposed rusting metal visible on them. The staff toilet was out of order. The bowl of the toilet basin was cracked and leaked therefore the toilet could not be used.

We concluded that the premises was unsafe for patients and staff.

Staff told us that all equipment at both the main and branch surgeries was tested and maintained regularly and we saw equipment maintenance logs and other records which confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of the calibration of relevant equipment; for example, weighing scales and blood pressure machines displayed stickers indicating when the next testing date was due.

Staffing and recruitment

The practice had a recruitment policy, this had been reviewed in February 2014. The policy stated that suitable candidates for a position would be interviewed and notes of the interview made. For successful candidates identity checks would be made, two references sought and a disclosure and barring check (DBS) carried out where appropriate.

The practice failed to follow their recruitment policy. The practice manager told us none of the practice nurses, healthcare assistant or administration staff had received a DBS check, no reason was given as to why or what the rationale was as to why they had not received a check.

Two members of staff were recruited in the Autumn of 2014, both were receptionists. We asked to see their staff files. In the file of the first member of staff there was no application form, no interview notes, no references and no identity checks. The second member of staff's file contained a curriculum vitae (CV) and evidence of identity checks, but there were no interview notes or reference checks. The practice manager said in both cases they had been under pressure due to staff shortages to recruit staff and did not have time to carry out the appropriate checks which were outlined in their recruitment policy.

We asked to see checks on the practice nurse's registration. The practice manager was able to show us up to date copies of checks from the nursing and midwifery council (NMC) website, which were held in staff files.

Inadequate

Are services safe?

There was a lack of quality assurance in place regarding clinicians medical indemnity insurance. The practice manager told us they monitored this. We asked to see the records they kept regarding this. This information was not available. We asked for scanned copies of the certificates to be sent to us within the 48 hours following the inspection, this did not happen. Two weeks after the inspection the practice manager emailed us copies of all of the relevant certificates.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. They were unable to show us any documented evidence of this. They told us that they organised the GP cover and only one GP was off at any one time. The reception manager managed holiday cover and overtime for administration staff.

Monitoring safety and responding to risk

The arrangements for identifying, assessing and managing risks relating to the health, welfare and safety of patients and others who may be at risk were ineffective. The practice manager said there was no health and safety risk assessment for the branch surgery at High Spen. They showed us the health and safety risk assessment for Rowlands Gill Medical Centre. We concluded that the document was health and safety guidance, not specific to the practice with no room by room risk assessment.

Arrangements relating to fire safety were ineffective. There was no fire risk assessment for High Spen Branch Surgery, which was high risk due to its wooden construction. There was a fire risk assessment for Rowlands Gill Medical Centre but this did not cover the exterior of the building. We saw at both surgeries there were wheeled bins which were not secured, they were outside of the buildings which posed a clear fire hazard. The branch surgery at High Spen had a timber clad exterior. The wheeled bin at Rowlands Gill was placed close to a portico exterior of which the roof was made of timber. Staff told us they had not received any fire training and no regular fire drills had been carried out.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage medical emergencies. Staff told us they had received training in basic life support, however we were unable to see records to confirm this. Emergency equipment was available. This included a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen. All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly. Emergency medicines were available in secure areas of the practice. All of the medicines we saw were in date and fit for use.

A business continuity plan was in place, however the plan was incomplete and did not identify credible contingencies in case of emergency. The emergency contacts included in the plan failed to identify key organisations who would need to be contacted in an emergency such as CQC and NHS England.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their treatment approaches. We were told patient safety alerts and guidelines from the National Institute for Health and Care Excellence (NICE) were disseminated via email from the practice manager and discussed at clinical meetings to enable shared learning. There was a CCG pathways booklet available in each surgery for GPs, this included documented shared decision making, for example for mental capacity decisions, hypertension and carpel tunnel syndrome.

We were told by the GPs that there were care plans for 2% of patients, including children with complex conditions, the plans were reviewed after hospital discharge. All those over the age of 75 had a named GP which is a requirement of the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.

The practice identified patients who needed additional support via QOF using READ codes (READ codes are a computer coding of certain condition), for example, those with long term conditions. There was a register of patients with learning disabilities. The GPs and practice nurse managed long term conditions, for example, coronary heart disease, diabetes and asthma. Review of long term conditions were carried out in the patient's birth month. The administration team provided support in managing prescriptions, correspondence and call and recall of patients. Electrocardiograms (ECG) were offered and home blood pressure monitors could be loaned out. One of the practice nurses was enrolled on the clinical commissioning group's 'diabetes master class' training.

One of the GP partners held a weekly clinic for patients experiencing problems with substance misuse, this was an enhanced service. The GP partner was contracted by Durham County Council to provide specialist interest services promoting prevention, recognition and treatment associated with use and misuse of substance.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice did not have a system in place for completing clinical audit cycles, which would have led to improvements in clinical care. We were provided with eight examples of audits. Of these three were single audits for example, an audit of patients with cardiovascular risk in rheumatoid arthritis, these patients were identified and 97% saw the GP and received an assessment in relation to this risk. The five other audits were not formal audits but quality reviews which did not conform to clinical audit cycles or have standards or actions identified.

We reviewed the most recent QOF results for the practice for the year 2012 / 2013. We saw the practice had scored 89.1% overall, which is below the average in England of 96.47%. The lead GPs and practice manager told us the data related to a period of time when there was major staffing instability for the practice which was why the score was low. New staff including salaried GPs had since been employed and were assisting with looking at the clinical domains on QOF with an aim to make improvement.

The CQC intelligent monitoring system indicated two risk areas in terms of the QOF scores. The first was a lower than average percentage of patients (87%) with physical and or mental health conditions whose notes recorded smoking status in the preceding 12 months, (national average 95%). The GP partner we spoke to about this believed it to be a recording issue and the GPs and practice nurses had been reminded to document this correctly. The second risk area was the percentage of patients (35%) aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone-sparing agent (national average 81%), we were told that the practice was unsure about this but believed it to be a recording issue, one of the salaried GPs was carrying out an audit on this.

Effective staffing

The practice could not provide evidence to demonstrate staff had received training they needed to fulfil their specific roles. We were supplied with a list of current staff which showed the training each staff member had received in the last three years but no dates were documented on

the sheet for when the training was carried out. The sheet did not list what basic training was needed for the different staff roles, for example, for one member of staff the entry for training stated 'Gateshead CCG time out/time in programme; in house training programme; IT training; CPR/ AED update'. The practice manager said staff held their own training certificates. Staff told us they had, for example, received cardiopulmonary resuscitation (CPR) and safeguarding training but no fire or health and safety training. We concluded staff had received some training, from what they told us, however there was no record keeping of this and the practice could not monitor when refresher training or basic training was needed or had been carried out by staff.

The practice manager said they thought the last time appraisals had been carried out for administration staff was in 2012. We asked to see any examples of appraisals which the practice had, however none were produced. The practice manager and a practice nurse said they received an appraisal in 2014, administration staff we spoke with said they had not received one for some time.

Staff said they felt supported by the practice and happy in their job roles. Some members of staff said that they felt there could be more regular meetings between different staff groups to share information.

The GPs we spoke with were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list.).

Working with colleagues and other services

The practice had arrangements in place with other health and social care providers, to co-ordinate care and meet people's needs. There was a monthly children and young people safeguarding meeting held in the practice.

There was a palliative care meeting held on the second Tuesday of each quarter which the Macmillan nurses attended and minutes of one of these meetings was made available to us. We were told district nurses and community matrons had open access to contact the GPs at the surgery by telephone.

Correspondence from other services such as test results and letters from hospitals were received either electronically or via the post. All correspondence was scanned and passed to the patient's referring GP and the duty doctor. We saw the practice computer system was used to log and progress any necessary actions.

Information sharing

The practice had systems in place to provide staff with the information they needed to carry out their roles and responsibilities. An electronic patient record was used by all staff to coordinate, document and manage patients' care. We were told by staff they were trained to use the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out-of-hours provider. This enabled patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals using the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).There was a protocol in place to review emails from the out of hours provider and also for hospital discharge information.

Consent to care and treatment

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. Staff were able to give examples of how they obtained verbal or implied consent.

The GPs we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the Mental Capacity Act (MCA). GPs and practice nurses confirmed they had received formal training on the MCA which had been cascaded to staff at an internal training session, however there were no records of this. We found the GPs were aware

Requires improvement

Are services effective?

(for example, treatment is effective)

of the MCA and used it appropriately. The GPs described the procedures they would follow where people lacked capacity to make an informed decision about their treatment.

Health promotion and prevention

New patients completed a registration form and a medical questionnaire from the practice in order to register and a health check was offered.

The practice were the first in the local area to introduce 'flu jab day' where patients could drop in to receive their flu vaccination. The practice offered travel vaccines and shingles vaccine to those who were eligible. There was a weight loss clinic held by a hospital dietician at the practice and smoking cessation clinics.

The practice offered baby and anti-natal clinics. Nationally reported data for 2013/14 showed the practice offered child development checks at intervals that were consistent with national guidelines. The practice offered routine immunisations for babies and children under five, during clinic appointments. Data showed that the number of children receiving the vaccines was in line with or just below the clinical commissioning group (CCG) average.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice regarding patient satisfaction. This included information from the national GP patient survey, results were in line with the national averages in relation to caring. The proportion of patients who said their GP was good or very good at treating them with care and concern was 86%, the national average was 85%. Patients who said the practice nurses were good at treating them with care and concern was 90%, the national average was 90%.

We spoke with six patients on the day of our inspection. Two patients we spoke with at Rowlands Gill said they felt the GPs had enough time for them and they praised the staff and GPs. All three patients we spoke with at High Spen Branch Surgery said the GPs and staff were good.

We reviewed 81 CQC comment cards completed by patients prior to the inspection. Of the 22 comment cards completed at Rowlands Gill all were positive about the practice being caring and included words such as 'excellent care' and 'first class service'. There were 59 comment cards completed at the branch surgery at High Spen. Comments about the care patients received were overwhelmingly positive. This included words such as 'fantastic, wonderful and exceptional'.

At High Spen Branch Surgery the reception area where patients spoke with the staff faced immediately into the waiting room, seating was within a metre of the hatch. The design and layout of the room meant that there was no privacy for patients when speaking to reception staff. Patients we spoke with raised their concerns about privacy because of the layout of the waiting room. CQC comment cards which were completed prior to our inspection raised similar concerns.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and who completed comment cards told us they felt they had been involved in decisions about their care and treatment. They said the clinical staff gave them time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given.

From the 2014 National GP Patient Survey we saw scores in involving patients in their care and treatment were below the national average, 77% of patients said the GP they visited had been 'good' at involving them in decisions about their care (national average was 81%). The data showed that 75% of patients said the practice nurse they visited had been 'good' at involving them in decisions about their care (national average 85%).

We asked staff how they made sure that people who did not have English as a first language were kept informed about their treatment. Staff told us they had access to an interpretation service, either in person or by telephone.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our visit and feedback on the CQC comment cards told us staff responded compassionately when they needed help and provided support when required. We saw there was limited patient information on display in the waiting areas. There was information regarding a local carers association.

There was a palliative care register and regular contact with the district nurses. There were quarterly palliative care meeting which involved GPs and MacMillan nurses.

Staff told us that if families had suffered bereavement, this was followed up by the practice, with either a visit or telephone call depending upon the circumstances. There was a notice in the waiting area advising patients of bereavement services available.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GP partners and many of the staff had worked at the practice for many years. They had close links with the local community, for example, they were involved in the setting up of the 'Rowlands Gill Live at Home Scheme' which is a befriending and visiting service for the elderly, one of the GP partners was a member of the steering committee.

Patients aged 75 and over had a named GP and personal care plans. The practice provided care to patients in a local care home. The practice had links to a local organisation who supported carers.

There was a register of patients with learning disabilities and they could choose if they had a surgery appointment or home visits.

For those experiencing poor mental health a maximum of one month's medicine was prescribed. There was access via the practice to external organisations, for example MIND counsellors, community psychiatric nurses and the memory protection service.

The practice did not have a patient participation group (PPG), the practice manager and GP partner told us they had previously had one which ceased in ceased in 2010 when the practice requested the PPG to take over the role of chairing meetings. No PPG member came forward to chair the meetings. The practice manager had begun to offer a surgery every Friday morning where patients could make an appointment to see them, this was promoted in the waiting area and on the practice website, however none of the patients had made an appointment to see them.

Tackling inequity and promoting equality

The patient facilities were all on the ground floor at Rowlands Gill Medical Centre. There was a ramp for access for wheelchairs outside, however, the front door was heavy and there was no sign to advise patients how to attract attention or bell to summon assistance if they could not manage the door. There was an informal arrangement in the car park for disabled access whereby patients blocked in staff cars if they needed access but there were no marked bays.

The premises at High Spen Branch Surgery were not suitable for disabled access. The door was not wide enough to allow wheel chair access and there was no ramp. The rooms inside the building were not suitable for disabled access. There was no evidence that reasonable adjustments had been made to accommodate disabled patients.

Adjustments had been made which helped patients whose first language was not English. Staff had access to a telephone translation service. There was a loop system available to aid those patients with a hearing impairment. A member of staff was trained in British Sign Language. There were no notices in the waiting area to inform patients of these services.

Access to the service

Patients we spoke with and comments cards indicated that it was not easy to obtain an appointment and that there was difficulty in getting through on the telephone. We were unclear if this was for emergency or routine appointments. Patients queued outside Rowlands Gill Medical Centre prior to the surgery opening every morning to ensure they could obtain an appointment. Patient dissatisfaction with the system was reflected in the data from the national GP survey;

- 52% of patients reported a good overall experience of making an appointment (national average 78%).
- 40% of patients reported gave a positive answer when asked how easy it was to get through on the phone (national average 77%)
- 57% of patients said they were very satisfied or satisfied with their GP practice opening hours (national average 79%).

One person from the three we spoke with at Rowlands Gill Medical Centre said the appointment system was not good. From the 22 CQC comment cards completed at the main surgery there were eight negative comments regarding access. Three patients referred to it being unacceptable having a queue of patients outside in the morning when the surgery opened, waiting to book an appointment. Five patients referred to problems getting through on the telephone and being unable to obtain an appointment. Three of the eight negative feedback cards stated that appointments consistently ran late and there were long waits for booked appointments.

Appointments were offered at the main surgery Monday to Friday from 8.00am until 6.00pm. Staff told us medical emergencies were seen on the day. Appointments could be

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

booked up to six weeks in advance. On Mondays most of the appointments were same day. Tuesday to Friday two thirds of appointments were pre-bookable and the other third same day. GPs offered telephone appointments daily.

We asked the practice manager and GP partners about access. They were aware of the poor results of the GP National Survey regarding access. We were shown a discussion and action log dated 20 January 2015 regarding the GP national survey of 2014 which the practice manger had produced. This outlined the issues, provided comparisons to neighbouring practices and stated what their contractual arrangements were. There were no solutions set out to address the issues or any future dates to monitor any improvements for patients to have better access.

The practice manager and GP partners said they were aware of the queue outside of the main branch and they did not know why this was, they told us 'patients chose to queue'. They had started opening the doors earlier and the patients began to queue earlier. We asked if they had consulted the patients in any way to gain any insight in to the issue, the answer was negative.

We asked about telephone access to the practice. When arranging the inspection we found it difficult to get through to the practice on the telephone. We were told that the maximum number of telephone lines available to the practice (three) had been installed, an extra line had been installed in 2013. There were another two separate private lines, one for emergencies and the other for the practice manager and they did not have any explanation for the difficulties people experienced, nor had they sought patient opinion on this subject.

We saw there was poor signage outside of the main surgery and poor lighting. There was a sign which said 'Rowlands Gill Medical Centre, opening hours, consulting by appointment 542136'. There were no opening hours listed, no GPs named and no information on who to contact in a medical emergency.

High Spen Branch Surgery was open Monday to Friday 8:30am to 11:45am. There was no formal appointments system. There were three or four bookable appointments every morning, all other appointments were 'seen on the day'. Feedback from patients about this system via CQC comment cards was positive as they felt it offered them open access. There was one telephone line to the branch surgery. When the surgery was closed there was no answerphone message to tell patients who to contact for out of hours services. The phone was diverted to a fax machine. We had difficulty locating the branch surgery whilst visiting during our inspection. There was no signage outside to say what it was and it was located behind a high hedge in a residential street. There was one A4 sheet of paper in the window of the branch giving opening times and stating patients must register by 10am to see a doctor. There was no information regarding who to contact in a medical emergency.

We asked how access to the main and branch surgeries worked. We were told that the practice operated two separate lists of patients, one for the main surgery and one for the branch, even though it held one contract and list of patients with NHS England. However, disabled patients had to go to Rowlands Gill as they could not gain access to High Spen and all the practice nurse appointments were all at Rowlands Gill as the practice nurses did not work at High Spen.

There was limited information for patients regarding access to the practice. There was no patient information leaflet available in either waiting area. We asked the receptionist for this and they could not find one. The practice manager said they were busy updating this and none was available.

The practice did not offer repeat prescriptions via telephone. They could be ordered in person at the reception, by post or faxed to the practice, patients could also register on line. At High Spen Branch Surgery patients had to order their repeat prescriptions before 10am at the reception and they were ready for collection after 10am the following day. Dispensed items were delivered to the housebound.

Listening and learning from concerns and complaints

The practice did not have a complaints policy and therefore were not following recognised guidance and contractual obligations for GPs in England. There was no information regarding complaints on display in the waiting areas of the practice. We asked for a copy of the patient information leaflet regarding complaints and none was available. We were then given a leaflet sometime later in the inspection day which we were told was old, but told patients how to complain. The information in this leaflet was out of date, it was not dated but referred to the Primary Care Trust which was abolished in 2013.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager told us complaints were discussed yearly at a meeting in March. They supplied us with a summary of four complaints which had occurred in the last year, one of which was still on-going. There was no pattern to the complaints and they had been investigated and responded to appropriately.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The GP partner told us the practice ethos had three elements, firstly look after patients, secondly look after yourself and colleagues and thirdly look after the practice.

There were no detailed or realistic plans to achieve what the practice ethos set out. There was no documented practice business development plan. The GP partner and practice manager explained that they were contemplating the future of the branch surgery at High Spen but no decisions in relation to this had been made. They told us that the practice was moving forward and had big staff changes in the last three years and competing demands had been problematic for them.

Governance arrangements

The governance arrangements were ineffective. There was no monitoring of performance and no defined system for clinical audit to improve the quality of service. There were policies and procedures for some aspects of the service; however the practice did not demonstrate they were following these effectively. For example, there were no procedures in place to monitor infection control which would have identified risks in relation to this. Policies and procedures were held in different areas on the computer system making them difficult for staff to access.

There was a risk to health and safety of the patients due to the branch surgery having no health and safety or fire risk assessment. The premises were in need of updating and no action had been taken by the leadership in the practice to rectify this issue.

There had been risks identified in a Legionella risk assessment approximately two to three years prior to our inspection. The risk assessment had been lost and the leadership in the practice had failed to take action about this identified risk.

Leadership, openness and transparency

We found that although there was a leadership structure the practice was not effectively well-led. Quality and safety were not the top priority for leadership. There was a clear issue of the documentation of identifying, capturing and managing issues and risks. We had difficulty on the day of our inspection accessing the records we needed to see; the practice manager was not able to supply some of the documents requested and needed to be prompted numerous times before supplying other information.

The practice did hold some staff meetings. There were informal meetings for the practice nurses and health care assistant. The practice nurses and GP had a clinical meeting every month. There were GP clinical meetings every two weeks and practice manager and GP partner business meetings every two weeks. There was no formal meeting structure for the administration team. We saw examples of minutes of some of these meetings.

Although staff told us they felt supported and had received training, there were not robust systems in place in terms of training and appraisal.

Practice seeks and acts on feedback from its patients, the public and staff

There was minimal engagement with patients who used the services, in order to gain their views. There were no systems in place in order to do this. The practice did not have a patient participation group (PPG). The practice had not conducted its own survey of patients. They did not have a suggestion box in the waiting area of the practice or any other means of obtaining patient views.

The practice had recognised from the GP national survey and the queue which formed outside of Rowlands Gill Medical Centre every morning that that there were issues for patients in getting through to the practice on the telephone and in making an appointment. They failed to address this issue or seek feedback from patients as to how they could improve access to their services.

Management lead through learning and improvement

There was little innovation or service development. There was some evidence of learning and reflective practice. Staff said they felt supported by their managers and could go to them if they needed support. However, training was disorganised and most appraisals had not been carried out for some time, there was a lack of professional development and staff were aware that these formal support mechanisms were not taking place.

We were unable to confirm that significant events and incidents were used as a learning opportunity as they were not documented.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The registered person did not ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection. The provider is failing to comply with Regulation 12 (1) (a) (b) (c) (2) (a) (c) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: The registered person did not ensure that patients and staff having access to the premises were protected against the risks of unsafe or unsuitable premises. The provider is failing to comply with Regulation 15 (1) (a) (b) (c) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 (1) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

This section is primarily information for the provider

Compliance actions

Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not ensure that an effective system was in place for identifying, receiving and responding to complaints or did they ensure patients were supported to bring about a complaint. The provider is failing to comply with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The registered person did not ensure that they operated effective recruitment procedures, they did not ensure that staff were of good character. The provider is failing to comply with Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users by receiving appropriate training and appraisal.

This section is primarily information for the provider

Compliance actions

The provider is failing to comply with Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: Patients were not protected against the risks of inappropriate or unsafe care and treatment by way of effective operations of systems designed to regularly assess and monitor the quality of service and there were insufficient systems in place to identify assess and manage risks relating to health, welfare and safety of service users.