

Crawcrook 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Crawcrook Medical Centre on 3 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- The majority of patients said they were treated with compassion, dignity and respect.
- Same day emergency appointments were usually available.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly
- The practice had proactively sought feedback from patients and had an active patient participation group.

- Information about services and how to complain was available and easy to understand.
- The practice was aware of patient dissatisfaction in respect of the appointment system and access to appointments but were taking steps to try and improve.

However there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure the nursing staff are given the opportunity of an annual appraisal
- Ensure that there is a risk assessment in place detailing why it is not felt to be necessary to have a defibrillator or oxygen at the branch surgery.

The provider should also:

- Continue to monitor appointment availability and the effectiveness of the appointment system
- Satisfy themselves that all staff have received the appropriate level of safeguarding training

Summary of findings

- Revise their policy to ensure that disposable privacy curtains are replaced every six months or sooner if visibly stained or dirty
- Continue with their plans to change and improve the culture of the practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons from significant events and incidents were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control and cleaning arrangements were in place. However, the practice had recently changed their policy on replacing disposable curtains in consultation rooms to every 12 months. Recommended guidance states that curtains should be replaced every six months or when visibly stained or dirty. The privacy curtains we looked at during the inspection were under six months old.

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions. A defibrillator and oxygen were available in the main surgery to deal with medical emergencies. However, there was no defibrillator or oxygen at the branch surgery nor a risk assessment detailing why this was not felt to be necessary.

A comprehensive staff recruitment policy was in operation. Not all non-clinical staff had received Disclosure and Barring Service (DBS) checks, which included staff who had undertaken chaperone training. Nor was there a risk assessment in place detailing why it had not been felt necessary to DBS check all staff. The practice manager told us that they were in the process of arranging DBS checks for all staff. In the meantime they assured us that it was the health care assistants, who had received appropriate training and undergone a DBS check, who would be called upon to act as a chaperone in the first instance. Not all non-clinical staff had received safeguarding training relevant to their role

The practice had a fire risk assessment and carried out regular fire alarm testing and fire evacuation drills.

Requires improvement



Summary of findings

Are services effective?

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

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had achieved 98.7% of the point's available (local CCG average 95.5% and national average 94.7%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 91.5% to 100% (compared with the CCG range of 90.7% to 97.9%). For five year olds this ranged from 85.4% to 100% (compared to CCG range of 81.3% to 97%).

There was evidence of clinical audit activity and improvements made as a result of this.

Not all staff had been given the opportunity of an annual appraisal. Nursing staff that we spoke to informed us that they had not had an appraisal for several years.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the NHS National GP Patient Survey published in January 2016 were lower than CCG and national averages in respect of providing caring services. For example, 83% of patients who

Good



Summary of findings

responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 89% and national average 87%) and 86% said the last nurse they saw or spoke to was good at listening to them (CCG average 92% and national average was 91%).

Results also indicated that 81% of respondents felt the GP treated them with care and concern (CCG average 88% and national average of 85). 87% of patients felt the nurse treated them with care and concern (CCG average 92% and national average 91%). 65% of patients reported the last GP they visited had been good at involving them in decisions about their care (CCG average 84% and national average 82%) and 73% of patients felt the last nurse they had seen had been good at involving them in decision about their care (CCG average of 87% and national average of 85%).

Information for patients about the services available was easy to understand and accessible. The practice was proactive in identifying and responding to the needs of carers.

Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately.

The practice's scores in relation to access in the NHS National GP Patient Survey were lower than local and national averages. The most recent results (January 2016) showed that 55% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and the national average of 65%. 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%. We looked at appointment availability during our inspection and found that a pre bookable appointment with a GP was available two working days later. However, the next pre bookable appointment with a GP after that was not until the beginning of the following month, some four weeks later. The practice was aware of patient dissatisfaction in these areas and were taking steps to improve. This included continually monitoring demand for appointments and implementing a new telephone system which they hoped would give patients improved access to GP telephone consultations.

Requires improvement



Summary of findings

The practice had become involved in a number of initiatives to improve services. This included health promotion and prescribing incentive schemes. The practice was proactive in their care of patients with diabetes and other long term conditions.

Are services well-led?

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

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice were in the process of drawing up a business development plan and had identified challenges, aims and objectives. As part of the plan the practice had identified that there had been a divided workforce and that they needed to change the culture in the practice, by demonstrating strong leadership, to improve.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and shared this information with staff to ensure appropriate action was taken

The practice was able to demonstrate that it sought feedback from patients and considered areas for improvement as a result of this. However, poor patient satisfaction results in relation to issues such as patients being involved in decision about their care and access to appointments indicate that there were still areas that required improvement.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) and England averages of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for flu, pneumonia and shingles to older people. The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care.

The practice provided services to a number of patients in two local nursing homes and had developed a half day weekly ward round approach to visiting the homes. Home visits were readily available for long term housebound patients. The practice regularly referred older patients to the local falls clinic and various support organisations. The practice also worked with health care navigators to ensure older people received coordinated care and treatment to enable them to stay in their own homes and avoid non-elective admission to hospital.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered a comorbidity review

Requires improvement



Summary of findings

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term conditions, such as chronic obstructive pulmonary disease (COPD) and asthma. Smoking cessation advice was available from the health care assistant. The practice had a proactive approach to treating patients with diabetes and had the lowest incidence of referrals for diabetic retinopathy (a complication of diabetes that can cause eye damage) in the Gateshead area.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 3.4 percentage points above the local CCG average and 2.6 points above the national average.
- The practice had obtained 100% of the points available to them in respect of hypertension. This was 2.2 percentage points above the local CCG average and 2.2 points above the national average.
- The practice had obtained 100% of the points available to them in respect of chronic obstructive pulmonary disease (4.6 points above the local CCG average and 5.3 points above the England average).

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they

Requires improvement



Summary of findings

needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 85.4% to 100% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 91.5% to 100% (compared to CCG range of 89.8% to 97.9%).

Information from the National Cancer Intelligence Network (NCIN) published in March 2015 indicated that 77.6% of the 1485 female patients aged between 25 and 64 listed with the practice had attended cervical screening (compared to the CCG average of 76.6% and national average of 74.3%).

Pregnant women were able to access antenatal clinics provided by healthcare staff attached to the practice. The practice GPs carried out post-natal mother and baby checks.

The practice provided contraception advice and sexual health screening to young people or signposted them to a local young person resource centre. The practice was proactive in identifying young carers and information for young carers was displayed on the practice notice board.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

The needs of the working age population, those recently retired and students had been met. The main surgery was open from 8am to 6pm on a Monday and Thursday, 7.30am to 7pm on a Tuesday, 8am to 7pm on a Wednesday and 7.30am to 6pm on a Friday. Greenside branch surgery was open from 8am to 12.30pm on a Monday to Friday. Patients unable to attend the surgery within these hours were able to access pre bookable appointments at a local GP led extended hours facility, Blaydon Hub up to 8pm on a weekday and on a weekend.

The practice offered a number of services including contraceptive advice, sexual health screening, foreign travel advice, cervical screening, smoking cessation and NHS health checks (for patients aged 40-74). The practice had installed a blood pressure machine in

Requires improvement



Summary of findings

the waiting area of the main surgery which patients could use to record their own blood pressure, height and weight. A system was in place where a print out of the results could be reviewed by a clinical member of staff and appropriate action taken if necessary.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. This included alcohol dependency identification and brief intervention.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances make them vulnerable. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health check and were routinely offered longer appointments.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice was proactive in identifying and supporting carers, including young carers. They had identified a member of staff as a carer's champion whose role included providing information and support to carers. The waiting room contained useful information for carers.

The practice was registered as a safe place. Safe places is a scheme which provides vulnerable people with a place to go for help and support in dealing with any incident that takes place while they are out and about, regardless of whether they are registered with the practice.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health. The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 81.8%. This was comparable to the national average of 84%.

The practice hosted counsellors from a mental health support organisation on a weekly basis and encouraged patients with mental health issues to access the local psychological wellbeing service. The practice also hosted a substance and alcohol misuse recovery worker.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

Requires improvement



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was lower than local and national averages. For example, results in relation to ease of getting through to the surgery by phone, getting an appointment and overall experience were low but other results, such as treating patients with care and concern and clinicians explaining tests and treatments were comparable or higher than local and national averages. 240 survey forms were distributed and 111 were returned, a response rate of 46%. This represented 1.5% of the practice's patient list.

- 53% found it easy to get through to this surgery by telephone compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 73% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%).
- 87% said the nurse was good at treating them with care and concern (CCG average 92%, national average 91%).

The practice were aware of patient dissatisfaction with regard to access and were committed to improvement.

They monitored appointment demand and capacity on a regular basis and were responsive in their approach to dealing with this. This included existing clinicians working additional hours, the appointment of locum clinicians and reviewing and amending types of appointments available. The partners were also committed to continuing to recruit additional clinical staff.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were mostly positive about the standard of care received. Words used to describe the practice and its staff included brilliant, fantastic, first class, efficient, caring, and compassionate. Five of the cards were less positive and expressed concerns about the appointment system and difficulties in obtaining an appointment.

We spoke with seven patients during the inspection, three of whom were members of the practice patient participation group. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, some also expressed dissatisfaction in being able to get a routine appointment within an acceptable timescale.

In advance of the inspection we also spoke with attached staff who worked closely with, but were not employed by the practice. This included a CCG pharmacist, health visitor, counsellor, district nurse and nurse specialist. They reported that they had no concerns in respect of the practice and felt that there was effective multidisciplinary working and communication. One attached staff member we spoke with informed us that patients had reported it was sometimes difficult to get a routine appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure the nursing staff are given the opportunity of an annual appraisal
- Ensure that there is a risk assessment in place detailing why it is not felt to be necessary to have a defibrillator or oxygen at the branch surgery.

Summary of findings

Action the service **SHOULD** take to improve

- Continue to monitor appointment availability and the effectiveness of the appointment system
- Satisfy themselves that all staff have received the appropriate level of safeguarding training
- Revise their policy to ensure that disposable privacy curtains are replaced every six months or sooner if visibly stained or dirty
- Continue with their plans to change and improve the culture of the practice

Crawcrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance were a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Crawcrook Medical Centre

Crawcrook Medical Centre is located in the Ryton area of Newcastle Upon Tyne. The practice provides care and treatment to 7,307 patients from Crawcrook, Greenside and the surrounding areas. It is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following addresses, which we visited during this inspection:

Main surgery:

Crawcrook Medical Centre, Pattinson Drive, Crawcrook, Ryton, Tyne and Wear, NE40 4US

Branch surgery:

Greenside Branch Surgery, Greenside Community Centre, Greenside Road, Greenside, Tyne and Wear, NE40 4AA

A separate report has been produced for Greenside Branch Surgery as this location is registered separately with the CQC.

The main surgery is located in purpose built premises which opened in 2012. All reception and consultation rooms are fully accessible for patients with mobility issues. Dedicated parking spaces are available to the rear and side of the premises.

The main practice opening and appointment times are:

Monday 8am to 6pm – Appointments from 8am to 4.40pm.

Tuesday 7.30am to 7pm – Appointments from 8am to 6.40pm.

Wednesday 8am to 7pm – Appointments from 8am to 6.40pm.

Thursday 8am to 6pm – Appointments from 8am to 4.40pm.

Friday 7.30am to 6pm – Appointments from 8am to 4.40pm.

Greenside branch surgery is situated in a single storey converted miners welfare institute building which is now used as Greenside Community Centre. The reception and consultation room are accessible for patients with mobility issues and on street parking is available nearby. Only patients registered with the practice who live in the Greenside area (approximately 1500 patients) are able to request appointments at the branch surgery. The branch surgery is open 8am to 12.30pm on a Monday to Friday (appointments from 8am to 12.20pm)

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc.

Crawcrook Medical Practice offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, childhood health surveillance and immunisations, travel vaccinations, teenage sexual health, smoking cessation, drug and

Detailed findings

alcohol dependency and cervical screening. The practice is a training practice and provides placements for GP registrars (fully qualified doctors with experience of hospital medicine who are training to become a GP).

The practice consists of:

- Two GP partners (one male and one female)
- Two salaried GPs (both female)
- An Advanced Nurse Practitioner partner (female)
- A practice nurse (female)
- Three health care assistants (all female)
- 15 non-clinical members of staff including a practice manager, a consultant manager, pharmacist, IT lead, secretary, administration and reception staff

The area in which the practice is located is in the eighth (out of ten) most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed fewer patients than the national average in the under 40 age groups and more patients than the national average in the over 40 age groups. Average life expectancy for the male practice population was 80 (CCG average 77 and national average 79) and for the female population 82 (CCG average 81 and national average 83).

56% of the practice population was recorded as having a long standing health condition (CCG average 56.9% and national average 54%). Higher percentages may result in an increased demand for GP services.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the practice manager, consultant manager, administration and reception staff. We spoke with seven patients, three of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 37 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

Are services safe?

Our findings

Safe track record and learning

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

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed at minuted significant event meets where trends and themes and lessons to be learned were identified.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and staff were transparent in their approach to dealing with significant events and incidents. For example, they had reported a breach of patient confidentiality involving one of their patients to the Information Commissioner who subsequently found that the practice was not at fault.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meeting to discuss vulnerable patients. Staff demonstrated they understood their responsibilities but not all non-clinical staff had received safeguarding training relevant to their

role. The GPs were trained to level three in children's safeguarding and had received adult safeguarding training. Nursing staff had undertaken appropriate child and adult safeguarding training.

- Information was available to advise patients that chaperones were available if required. Staff who acted as chaperones had all received appropriate training. However, not all of the staff who had undertaken this training had been subject to 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). We raised this issue with practice management staff on the day of the inspection who assured us that it was the health care assistants, who had received appropriate training and undergone DBS checks, that acted as a chaperone in the first instance and that the other staff members in question would not act as chaperones until the appropriate DBS clearance was obtained.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and there was a system to identify and highlight any areas causing concern with cleaning staff.
- Practice staff told us that the privacy curtains in the consultation rooms were changed on a yearly basis. Best practice guidance recommends that curtains should be cleaned or replaced every six months, or sooner if visibly stained or dirty. The privacy curtains we looked at during the inspection were under six months old.
- The practice nurse was the infection control lead and carried out infection control audits. We saw evidence of areas requiring action being identified and acted upon.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency medicines and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely.
- The practice employed a pharmacist whose role included carrying out medication reviews and audits and reviewing the practice's performance against prescribing incentives.

Are services safe?

- Nursing staff used patient group directions (PGD's) and ensured that these were reviewed and updated by GPs when required. PGD's allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor
- The provider was aware of and complied with the requirements of the Duty of Candour regulation.
- The practice had systems in place for knowing about notifiable safety incidents

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had an up to date fire risk assessment and fire alarm testing was carried out on a weekly basis. Fire evacuation drills were carried out regularly. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff cover arrangements were

well managed and non-clinical had been trained to cover each other's duties as and when required. Some staff and patients we spoke with felt that more clinical staff were needed to meet demand.

- The practice had needed to rely on locum clinical staff and existing staff increasing their normal working hours as a result of staff shortages. This was due to losing three GP partners, a nurse practitioner and a practice manager in a relatively short period of time. However, an effective locum policy and induction process was in operation. The practice had since worked towards stabilising their workforce and increasing clinical cover.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and emergency medicines were available
- A defibrillator and oxygen with adult and children's masks were available at the main surgery. However the branch surgery did not have a defibrillator or oxygen and there was no evidence of a risk assessment detailing why this was not felt to be necessary.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The implementation of such guidelines were discussed at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98.7% of the total number of points available to them compared with the clinical commissioning group (CCG) average of 95.5% and national average of 94.7%. At 7.5% their clinical exception rate was lower than the local CCG average of 8.9% and national average of 9.2% which suggested that the practice operated an effective patient recall system, where staff were focussed on following patients up and contacting non-attenders. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The practice had obtained the maximum points available to them (100%) for the majority of QOF indicators, including asthma, dementia, epilepsy, chronic kidney disease, osteoporosis, stroke and transient ischaemic attack. The exceptions to this was for diabetes (the practice scored 92.4% compared to a CCG average of 92% and national average of 89.2%) and cancer (the practice scored 98.5% compared to a CCG average of 96.4% and national average of 97.9%). However, these scores were still above local and national averages.

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes and to reduce prescribing costs. We saw evidence of several two-cycle audits, including one used to review patients

prescribed a lipid modifying drug (a medicine used to lower cholesterol and prevent coronary heart disease and ischaemic stroke) to ensure they were prescribed a lower cost but more effective medicine in line with National Institute for Health and Care Excellence (NICE) guidance. This led to medication reviews for 506 patients within a six month period.

The practice also participated in the medicines optimisation local incentive scheme (which aims to ensure that patients obtain the best possible outcomes from their medicine and to improve the quality, safety and cost effectiveness of prescribing). The practice had employed a pharmacist and was able to demonstrate that they regularly carried out medication reviews and audits.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients and their families.

Effective staffing

The staff team included GPs, nursing, managerial, pharmacy, administration and cleaning staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance and appropriate clinical based training for the nurses and GPs.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The advanced nurse practitioner and practice nurse reported they were supported in seeking and attending continual professional development and training courses.

The practice had an effective staff appraisal system in operation for non-clinical staff which included the identification of training needs and development of personal development plans. However, the nursing staff reported that they had not had the opportunity of an appraisal for several years. Staff had been asked to complete self assessment forms in preparation for appraisal in August 2015 and had been told that this was to satisfy CQC requirements. Appraisals had been scheduled

Are services effective?

(for example, treatment is effective)

but were subsequently cancelled due to practice management staffing issues. However, some staff had still not had the opportunity of an appraisal at the time of our inspection.

The practice continually looked at demand for appointments and staffing requirements. If necessary existing staff would increase their working hours or locum clinicians would be employed. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use locum staff an effective locum induction pack was in operation.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were reviewed and updated. The practice adopted a joint care planning approach and used emergency health care plans (EHCPs) and health and social care plans. Feedback from attached staff, who worked closely with, but were not directly employed by the practice, was good.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Information from the National Cancer Intelligence Network (NICIN) published in March 2015 indicated that 77.6% of the 1485 female patients aged between 25 and 64 listed with the practice had attended cervical screening within a target period (local CCG average 76.6% and national average 74.3%). The practice was performing well in ensuring that samples taken were adequate for screening.

Childhood immunisation rates were higher than or comparable with local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 85.4% to 100% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 91.5% to 100% (compared to CCG range of 91.7% to 97.9%).

Patients had access to appropriate health assessments and checks. These included new patient and NHS health checks for people aged 40–74. The practice did not routinely offer health checks for patients aged 75 and over. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available. The practice had installed a blood pressure machine in the waiting area which patients could use to record their own blood pressure, height and weight. A system was in place where a print out of the results could be reviewed by a clinical member of staff and appropriate action taken if necessary.

The practice offered online services to book appointments and request repeat prescriptions. An appointment text message reminder system was also available. The practice

Are services effective?

(for example, treatment is effective)

also produced a regular newsletter which gave patients information on topics such as requesting repeat prescriptions, staffing updates and future improvement plans.

The practice was proactive in its care of patients with diabetes. This approach had resulted in the practice being a very low referrer to secondary care for diabetic retinopathy.

The practice had also been successful in supporting patients on their mental health register to stop smoking and had achieved well over their expected target (300%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 37 completed CQC comment cards, the majority of which were very complimentary about the practice. Patients said they felt the practice offered a good service and the majority of staff were helpful, caring and treated them with dignity and respect. We also spoke with seven patients during our inspection, three of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, we did receive some negative comments about the attitude of reception staff.

Results from the NHS National GP Patient Survey (published in January 2016) showed patient satisfaction was slightly lower than local and national averages in respect of being treated with compassion, dignity and respect. For example, of the patients who responded to the survey:

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 75% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the NHS National GP Patient Survey published in January 2016 showed patient satisfaction was below average in relation to questions about their involvement in planning and making decisions about their care and treatment. For example, of the 111 patients who participated in the survey:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 73% said that the last nurse they had seen had been good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 86% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Are services caring?

The practice were aware of patient dissatisfaction in this area and felt this was attributed to the loss of experienced staff members and the impact that this had on existing staff. They were now committed to monitoring patient satisfaction following the recruitment of additional staff.

The practice had access to a translation service for patients who did not have English as a first language. There was also a hearing loop for patients with hearing difficulties.

Patients with a learning disability were routinely offered longer appointments and an annual health check. Clinicians had undertaken specific training on care planning for patients with a learning disability. The practice had included 22 of their patients on their register of patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting and information on the practice website told patients how to access a number of support groups and organisations.

The practice pro-actively identified carers, including young carers and ensured they were offered influenza vaccinations, annual health checks and appropriate advice and support. A staff member had been identified as a carers champion and acted as a key contact for carers requesting information about health and support services. At the time of our visit the practice had identified 168 patients as being a carer (approximately 2.3% of the practice patient population).

The practice was registered as a safe place. Safe places is a scheme which provides vulnerable people with a place to go for help and support in dealing with any incident that takes place while they are out and about, regardless of whether they are registered with the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and planned services accordingly. Services took account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them. Patients with a learning disability were routinely offered a longer appointment.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day. However, there was sometimes a delay in being able to get a routine appointment.
- The practice continually monitored and responded to demand for appointments. For example extra sessions would be delivered, locum clinicians appointed or same day appointments converted to pre bookable appointments and vice versa.
- The practice had appointed a pharmacist to ensure medication reviews and drug audits were carried out effectively and to monitor the practices performance in terms of medicine optimisation
- There were disabled facilities and translation services available. The practice had a hearing loop in the main surgery
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. An appointment text message reminder system was available
- The practice offered dementia screening and identification and was in the process of undertaking the 'Dementia Friends' accreditation.
- The practice provided care to a number of patients resident in two local nursing homes and had developed a half day weekly ward round approach to visiting the homes.

- The practice worked with health care navigators to ensure older people received coordinated care and treatment to enable them to stay in their own homes and avoid non-elective admission to hospital
- The practice was involved in various practice engagement projects targeted at looking at the expected prevalence of a number of conditions including diabetes, asthma and alcohol dependency. The practice had been successful in helping 140 patients achieve their goal for alcohol dependency reduction.
- The practice had identified that childhood obesity was a problem in their locality and were in the process of identifying who would benefit from health and social care intervention.
- The practice was registered as a safe place. Safe places is a scheme which provides vulnerable people with a place to go for help and support in dealing with any incident that takes place while they are out and about, regardless of whether they are registered with the practice.

Access to the service

The main surgery was open from 8am to 6pm on a Monday and Thursday (appointments available from 8am to 4.40pm), 7.30am to 7pm on a Tuesday (appointments from 8am to 6.40pm), 8am to 7pm on a Wednesday (appointments from 8am to 6.40pm) and 7.30am to 6pm on a Friday (appointments from 8am to 4.40pm). The appointment system operated by the practice enabled patients to request same day appointments, pre bookable appointments (up to a month in advance) and telephone consultations. The practice also ran an emergency appointment surgery at the main surgery every weekday morning which patients with acute medical conditions could access. If no emergency appointments were available an appointment could be booked for the patient for a GP led surgery at a local walk in centre which was open up to 8pm on weekdays and a Saturday and Sunday. Patients not requiring urgent medical attention but who were unable to attend the practice during normal opening hours could also be booked an appointment at the walk in centre.

The branch surgery was open from 8am to 12.30pm on a Monday to Friday (appointments available from 8am to 12.20pm).

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 53% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 55% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 55% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 68% and the national average of 65%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

The practice was aware of patient dissatisfaction in these areas and were committed to improvement. The practice continually monitored demand for appointments and took appropriate action where necessary. For example existing staff would regularly increase their working hours to deliver extra sessions, locum clinicians would be employed and same day appointments would be converted to pre bookable appointments and vice versa. The practice had involved their patient participation group in canvassing and analysing patient opinion in respect of appointment availability and were in the process of implementing recommendations. This had included the implementation of a new telephone system which was due to be installed the week after our inspection. The practice hoped this would provide better telephone access for patients and allow clinical staff to be able to offer more telephone consultations. The practice intended to recanvas patients to gauge whether satisfaction had improved after the telephone system had been installed and embedded.

Patients we spoke to on the day of the inspection and some of those that completed CQC comment cards told us it was sometimes difficult to get a pre bookable appointment within an acceptable timescale but that urgent appointments were usually available. We looked at appointment availability during our inspection and found that a pre bookable appointment with a GP was available two working days later. However, the next pre bookable appointment with a GP after that was not until the beginning of the following month, some four weeks later. A routine appointment with a nurse was available three working days later. The next available appointment with a GP at the Greenside branch surgery was four working days later.

Listening and learning from concerns and complaints

The practice had recently reviewed the system they had in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded nine complaints during the period 1 April 2014 to 31 March 2015 and a further 24 from the 1 April 2015 to the date of our inspection. We looked at some of these complaints and found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were discussed at staff meetings and reviewed annually and there was evidence of lessons learned and trends and themes being identified.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's vision was to deliver high quality care and promote good outcomes for patients

Although the practice did not have a mission statement their main objective, as detailed in their CQC Statement of Purpose was to 'provide people registered with the practice with personal

health care of high quality and to seek continuous improvement on the health status of the practice population overall. We aim to achieve this by developing and maintaining a happy sound practice which is responsive to people's needs and expectations and which reflects whenever possible the latest advances in Primary Health Care'.

The practice was in the process of developing a business development plan and had identified a number of future aims and objectives for inclusion. This included staff training, more effective communication, increasing staffing levels and changing the culture of the practice.

The practice had been through a period of significant change and instability following the loss of experienced members of staff which included three GP partners, a nurse practitioner partner and a practice manager within the previous three years. They had experienced problems in recruiting replacement staff and were still actively trying to recruit additional clinical staff. Practice management staff told us that they had realised that there had been a divided workforce and had worked hard to try and address this problem by trying to change the culture of the practice. They hoped to achieve this by demonstrating strong leadership and developing a culture of respect, professionalism, discipline and exemplar lines of command. The partners and managers planned to commit some protected time on a weekend to looking at these issues and developing plans for the future. However, there was no indication that the wider workforce would be involved in the planning process.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of an effective programme of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

Leadership and culture

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

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

- Clinical and non-clinical staff meetings were held on a regular basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported

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

The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had a well-established patient participation group (PPG) which consisted of approximately 12 members who met on bi-monthly basis. The group had been involved in a number of initiatives and improvements which had included changing the practice phone number from a premium rate to local phone number. They were also involved in designing and reviewing patient surveys, analysing anonymised complaint information and patient

Are services well-led?

Good 

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

suggestions and supporting flu vaccinations sessions. PPG members who we spoke to on the day of the inspection told us that they felt involved and supported by the practice and that practice staff were receptive to their ideas and suggestions.

- The practice was able to demonstrate that it responded to patient feedback. For example, changes had been made to the time that the practice opened its doors as the result of patient feedback.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- The practice regularly hosting representatives from the local mental health and drug and alcohol support services
- The practice identifying that childhood obesity was a problem in their locality and taking action to target intervention at those who would benefit from it.
- The practice participating in various practice engagement projects targeted at looking at the expected prevalence of a number of conditions, for example, diabetes, asthma and alcohol dependency. The practice had been successful in helping 140 patients achieve their goal for alcohol dependency reduction.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18(2) The provider did not have suitable arrangements in place to ensure that staff employed within the practice were appropriately supported in relation to their responsibilities as not all staff were receiving regular opportunities for appraisal.

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 (RA) Regulations 2014 Safe care and treatment Regulation 12(1) Sufficient equipment and/or medical devices (defibrillator and oxygen) that are necessary to meets peoples needs were not available at the branch surgery. There was not evidence of a risk assessment detailing why this equipment was not felt to be necessary.