Care Quality Commission

Inspection Evidence Table

Harraton Surgery (1-1737302413)

Inspection date: 21 February 2019

Date of data download: 11 February 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe Rating: Requires Improvement

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: The provider (IJ Healthcare) was in the process of reviewing all policies and procedures to ensure they were the same across both of their locations which covered four separate sites.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y Harraton – 11.9.18 Springwell – 11.9.18
There was a record of equipment calibration. Date of last calibration:	Partial Harraton – Dec 18 (next planned for 21.2.19) Springwell 7.11.18
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Harraton Dec 18. Springwell May 19
There was a log of fire drills. Date of last drill:	Y Harraton 10.1.19 Springwell 23.8.18

There was a record of fire alarm checks. Date of last check:	Harraton – no fire alarm Springwell – 18.12.18
There was a record of fire training for staff. Date of last training:	Y – Various
There were fire marshals.	Y - both sites
A fire risk assessment had been completed. Date of completion:	Y Sept 18 for both premises
Actions from fire risk assessment were identified and completed.	None identified
Explanation of any answers and additional evidence: The last record of equipment calibration was December 2018 for the main surgery (Harraton Surgery) and November 2018 for the branch surgery (Springwell House). The practice manager told us that recalibration was booked for 21 February 2019. The Harraton Surgery did not have a fire alarm although smoke alarms were fitted throughout the practice. Staff told us that this was because the premises were very small, and staff would notice if there was a fire and alert colleagues and patients by blowing a whistle. The practice had carried out their own fire risk assessment for both premises, neither of which highlighted any issues requiring action. The practice manager was able to provide evidence that Tyne and Wear Fire brigade had carried out a fire safety health check at Harraton Surgery on 7th December 2018 which had not identified any concerns.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y Undated
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Undated
Explanation of any answers and additional evidence: The risk assessment we were provided with confirmed that a variety of health and safety and other risk assessments had been undertaken. However, the documents were undated and did not include a date for review.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	21.11.18

The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y

There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Explanation of any answers and additional evidence:

The provider had recently devised a procedure and risk assessment to govern the transportation of patient information between sites and on home visits.

They also had a procedure governing the review of pathology and other test results.

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.02	1.12	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.2%	9.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.57	5.05	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	4.91	2.80	2.22	Variation (negative)

Explanation of any positive or negative variations:

The lead GP explained that the reason the prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) was higher than local and national averages was due to having a high proportion of patients

Indicator	Practice	CCG average	England average	England comparison
who worked at a local car manufacturing plant who suffered from muscular skeletal problems as a result of the nature of the manual work they undertook. In addition, there was a push locally, driven by the CCG to reduce prescribing of painkillers which had affected the prescribing of anti-inflammatory medicines.				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence: We were not assured that the practice had an effective system in place to monitor patients prescribed high-risk drugs. We reviewed the records on 18 patients prescribed methotrexate (a chemotherapy and immune system suppressant). Of these, only 6 (33%) had up to date review. For one patient there was a letter from secondary care (rheumatology) dated Sept 18 stating that a shared care arrangement was in place but there was no evidence of blood tests since 2015 and the patients review had been due in Nov 18 yet repeat prescriptions were still being issued. The lead GP told us that he would always check the integrated clinical environment (ICE) pathology computer system first before issuing a repeat prescription for a high-risk drug but there was no evidence that this was the case as this was not recorded in patients notes. We had no concerns about the monitoring of patients prescribed Warfarin (an anticoagulant). We were not satisfied that there was an effective system in place to ensure medication reviews were being carried out on an annual basis. Of the 1824 patients on repeat medication only 446 (24.4%) had been reviewed. Reception staff were adding medicines to acute prescriptions (medicines prescribed that have not been added to a repeat prescription) then forwarding them to the lead GP for review but there was no audit trail to confirm they had been reviewed or authorised.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded between 31.1.18 and 7.2.19	8
Number of events that required action:	8
Explanation of any answers and additional evidence: Two of the most recent significant events (January 2019 and February 2019) were in relation to samples being labelled with the incorrect patient details. Although the practice manager told us that learning from the events had been shared informally and staff reminded of the need to ensure samples were correctly labelled when accepting samples, the event was not due to be discussed or reviewed formally until March 2019. There was evidence of previous significant events being discussed formally at team meetings.	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A patient had raised a complaint with practice staff during the practice managers absence. The practice manager was not made aware of the complaint until the patient had escalated the matter to NHS England due to a lack of response.	An apology for the delay was issued to the patient. Staff were reminded of their responsibility in ensuring the practice manager, or secretary in their absence was notified of all complaints.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: A system was in place to ensure patient and medicines safety alerts were received and acted upon. A clinical commissioning group pharmacist attended the practice on a weekly basis to ensure all necessary action was taken in relation to medicines alerts. This included the recent alert in relation to the prescribing of sodium valproate for women of a child bearing age due possible complications during pregnancy to the unborn child.	

Effective Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.90	0.71	0.81	No statistical variation

Older people Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Records we looked at did not indicate that there was an effective system in place to monitor patients prescribed high-risk drugs or to ensure those on repeat prescriptions had annual medication reviews.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice was participating in a programme to help encourage people to be more aware of the symptoms of type 2 diabetes to avoid developing the disease.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	78.3%	78.8%	Variation (positive)
Exception rate (number of exceptions).	31.2% (82)	16.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.7%	81.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.7% (44)	9.9%	9.8%	N/A

Explanation of any positive or negative variations:

Although the practice attainment rate for diabetes was significantly above local and national averages their clinical exception rate was also well above local and national averages. However, the practice had a comprehensive recall system to encourage patients to attend long-term condition reviews before they were 'excepted'.

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	86.1%	83.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.9% (47)	13.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.0%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	25.4% (47)	11.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.3%	88.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	27.9% (48)	14.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 1/03/2018) (QOF)	87.0%	82.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.7% (81)	4.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.7%	90.7%	90.0%	No statistical variation

Exception rate (number of exceptions).	4.8% (3)	5.6%	6.7%	N/A

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	29	31	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	27	28	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	27	28	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	26	28	92.9%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.0%	75.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) **(PHE)**	76.9%	75.6%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) **(PHE)**	54.4%	55.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) **(PHE)**	66.7%	72.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	31.8%	43.6%	51.9%	No statistical variation

Any additional evidence or comments

Although attainment rates for cervical screening were comparable to local and national averages the practice had not attained the national target of 80%. They were aware of this and as a result the practice nurse had undertaken an audit to identify patients eligible for a smear between the ages of 25 to 28 with the aim of increasing uptake.

The first cycle of the audit (April 18) identified 19 women between the age of 25 and 28 who had never had a cervical smear. These women were sent a cervical smear invitation letter which offered them the opportunity to meet with the practice nurse if they had any concerns about the process and an information booklet.

The 2nd cycle of the audit (Aug 18) showed that five of the 19 women identified during the 1st cycle had

undertaken a smear test. Two women were excluded from taking the test due to pregnancy. The remaining 12 women were sent a 2nd letter with further information. A re audit was scheduled for March 2019.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	89.4%	89.5%	Variation (positive)
Exception rate (number of exceptions).	15.0% (3)	13.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.3%	84.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	35.0% (7)	10.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed	81.8%	83.0%	83.0%	No statistical variation

in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	8.3% (1)	6.4%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.0	541.9	537.5
Overall QOF exception reporting (all domains)	11.6%	6.5%	5.8%

Explanation of any answers or additional evidence:

Although the overall QOF exception reporting rate was higher than local and national averages a comprehensive recall system was in place to encourage patients to attend long-term condition reviews before they were 'excepted'.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Review of quinine prescribing in nocturnal leg cramp – two cycle audit

- The aim of the audit was to review all patients prescribed 200-300mg of quinine sulphate or 300mg of quinine bisulphate for 3 months or more due to potential risk of side effects including toxicity, renal impairment and interactions with other medications.
- The 1st cycle (July 18) identified 60 patients who were taking quinines for leg cramps for a period of more than 3 months. All the patients were given an appointment for a medication review, had the medicine stopped and were provided with a self-help guide to help them cope with leg cramp.
- The 2nd cycle (October 2018) revelated that 33/60 (55%) patients had stayed off quinine and 27/60 (45%) had needed to restart the medication due to frequent cramps and sleep disturbance.

Improving anticoagulation in patients with atrial fibrillation using the GRASP AF audit tool – two cycle audit.

- The aim of the audit was to optimise anticoagulation for stroke prevention in patients with AF, based on NICE anticoagulation recommendations.
- The table overleaf gives details of audit findings.

	1st cycle – March 2018	2nd cycle – July 2018
No. of patients on AF register	113	109
No. with CHA2DS2-VASc score > 2	106	104
No. of patients prescribed anticoagulant	74 (70%)	92 (88%)
No. with contraindication documented	4 (4%)	3 (3%
No. where there was no reason recorded for not prescribing an anticoagulant	28 (26%)	9 (9%)

The practice had also carried out an audit to identify eligible women who had not attended for a smear test to increase uptake.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when	Y

their performance was poor or variable.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/a

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record	95.5%	95.3%	95.1%	No statistical variation

smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.7% (30)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	14
Number of CQC comments received which were positive about the service.	14
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment cards	All the 14 comment cards we received were very complimentary about the practice and its staff. Comments included understanding, professional, attentive, efficient and five-star service.
NHS Choices website	There are ten reviews of the Harraton surgery on the NHS choices website dating from October 16 to October 18 resulting in an overall rating of 3/5 stars. Five of the reviews were negative and five positive. Negative reviews stated that clinical and non-clinical staff were rude and dismissive and expressed dissatisfaction regarding appointment availability. There are seven reviews of the Springwell House branch surgery on the NHS choices website dating from February 2017 to February 2019 resulting in an overall rating of 2.5/5 stars. Five of the reviews were negative and two positive. Negative reviews cited rude, dismissive GPs, the GP being late in surgery and delay in being called in for an appointment.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4099	291	84	28.9%	2.05%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.5%	89.1%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.9%	88.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.5%	95.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	92.1%	84.2%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
The practice carried out a patient survey involving 22 patients in September 2018. Analysis of the findings was reported as being: • Patients were generally happy with the service provided • They felt that reception staff treated them well

- They were happy with the surgery opening times although some reported that they would like evening and weekend opening
- There was sometimes a delay of between 5 – 30 minutes before being called in for an appointment
- Patients rated the practice as being fair to excellent re getting through to the surgery by phone.

As a result, the practice was monitoring the situation in relation to a delay in being called in for an appointment.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Comment cards	None of the 14 completed comment cards we received raised any concern about not being involved in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.1%	93.1%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	118 – approximately 2.8% of the patient population.
How the practice supported carers.	Annual health check and flu immunisations. Signposted to support and advice agencies.
How the practice supported recently bereaved patients.	Where there had been a lot of involvement with the practice patients were sent a condolence card and offered an appointment.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Television screens in the reception area diverted a patient's attention away from the reception desk. A notice was displayed in both surgeries advising patients that they could request a conversation in private if they wished to do so.	

Responsive Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: Disabled access at both surgeries was poor. Although there was step free access to both surgeries neither had automatic doors. However, notices were in place at the entrance doors advising patients to press a bell to summon assistance if they needed to. The Harraton Surgery did not have a disabled toilet. The practice manager told us that they had discussed this issue with a building contractor to see if the toilet could be extended to facilitate disabled access but had been told this was not possible due to space constrictions and the layout of the surgery. Neither premises had baby changing facilities.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7.30am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	7.30am to 6pm
Appointments available:	
Monday	GP - 7.30am to 6pm HCA – 8am to 4pm No practice nurse availability
Tuesday	GP - 8.30am to 6pm HCA - 8.30am to 4pm No practice nurse availability
Wednesday	GP - 8.30am to 6pm Practice Nurse – 8am to 5.30pm HCA - 8.30am to 4.30pm
Thursday	GP – 8am to 6pm Practice Nurse 9.30am to 2.30pm HCA – 8am to 6pm

Friday	GP - 7.30am to 6pm Practice Nurse - 7.30am to 3.30pm HCA - 8.30am to 4pm

Although there was no nurse availability at either surgery on a Monday or Tuesday the practice was in the process of appointing an additional practice nurse and a nurse practitioner.

Patients registered with the practice were also able to access extended access appointments with a GP or Nurse Practitioner at one of five extended access facilities based across the City (Coalfields, East, North, West and Washington). The extended access services operated from 6pm to 8.30pm on a Monday to Friday and on weekends and bank holidays based on locally defined population needs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4099	291	84	28.9%	2.05%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.5%	94.4%	94.8%	No statistical variation

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments with a GP were available from 7.30am two days per week and up to 6pm each day.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available from 6pm to 8.30pm on a Monday to Friday and on weekends and bank holidays.

People whose circumstances make them vulnerable — Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia) — Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice home visit policy dictated that requests for a home visit should be assessed by the duty GP or the lead GP in their absence. However, it also stated that if neither GP was available the request for a home visit should be passed to the practice manager or business manager, neither of whom were clinical members of staff, who would assess and act on the home visit request. We discussed this issue with the practice manager and business manager during the inspection who advised us that a they would never make a decision regarding whether a home visit was clinically necessary or not and would reword the policy to reflect this.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	98.1%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	84.1%	67.4%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	89.6%	65.7%	65.9%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	87.9%	72.5%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	Harraton Surgery - two of the ten posts on the NHS website expressed dissatisfaction regarding delay in being able to get an appointment. Springwell House branch surgery – three of the seven posts cite problems with the GP running late and a delay in being called in for an appointment.
CQC Comment cards	None of the 14 comment cards we received expressed any dissatisfaction regarding appointment availability.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Two complaints were logged where a member of the clinical staff team had agreed to carry out a home visit at a specific time but had arrived early meaning that the patient's carer/next of kin were not in attendance.	Clinical staff were reminded of the importance of attending at the pre-arranged time to ensure carers/next of kin family members could be in attendance.

Well-led

Rating:

Requires improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: Although there was no evidence of a leadership development programme it was evident that succession planning was discussed and acted upon. The practice had been unable to attract a salaried GP but was in the process of recruiting an additional practice nurse and a nurse practitioner. The practice business plan (2015/20) also documented staffing issues and skill mix requirements.	

Vision and strategy

The practice had a clear vision but it was not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	N
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a five-year business development plan (2015 to 2020) which covered issues such as staffing, premises, information technology, patient services, service development, communication and skill mix. We were advised by the practice manager and lead GP that the locum GP would work additional sessions when required to cover holidays and busy periods. However, we were not assured that the current working pattern of the lead GP was sustainable in the long term. Not only was the lead GP covering sessions at all four branches they were also reviewing correspondence from secondary care, reviewing pathology results and carrying our home visits. In addition, the lead GP was acting as the lead for infection control and safeguarding. Records we looked at showed that the lead GP travelled	

backwards and forwards between sites on a daily basis to cover separate sessions. For example, on a Monday the lead GPs working pattern was as follows:

7.30am to 9.30am - Springwell House surgery, Sunderland

10am to 11.30am – Harraton Surgery, Washington

12 midday to 1pm – Hollyhurst Surgery, Ryton

2pm to 3.30pm – Springwell House surgery, Sunderland

4pm – 6pm - Harraton Surgery, Washington

The lead GP told us that they had tried to address this issue by attempting to appoint a salaried GP but had been unsuccessful in doing so. They had decided against appointing a further locum GP as felt this did not offer continuity of care to patients with complex or long terms conditions so had decided to recruit an additional practice nurse and nurse practitioner. Interviews were due to take place shortly after our inspection.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Non-clinical staff questionnaires	We received six completed non-clinical staff questionnaires. Staff indicated that they felt well-support and had the training, tools and equipment to be able to perform their roles well. One member of staff reported that communication could be better.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The provider was in the process of receiving their policies and procedures to ensure they were in line with best practice guidance and consistent across all of their sites.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
Two patients had agreed to act as patient participation group (PPG) members in that they had agreed to be contacted for their opinion on occasions. The practice was actively advertising for PPG members and hoped to encourage patients to become members during upcoming coffee mornings at both the main and branch surgery. They were also liaising with the local clinical commissioning group to set up a virtual PPG using social media.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
The provider had acted to address issues identified during our previous inspection. They had: • Reviewed and strengthened the arrangements to manage blank prescription stationery • Risk assessed the contents of the GP bag • Purchased paediatric pulse oximeters for both sites • Established a system to disseminate and act on patient safety alerts • Introduced a programme of meaningful clinical audit activity • Were in the process of reviewing all policies and procedures. Staff were advised when a policy had been updated and asked to familiarise themselves with the changes. • Introduced regular clinical meetings • Introduced an online training programme and matrix to help ensure staff kept up to date with all mandatory training requirements.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.