

Drs Mears, Iqbal and Dahl

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Mears, Iqbal and Dahl, Swarland Avenue Surgery on 5 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Feedback from patients about their care was positive. Patients reported that they were treated with compassion, dignity and respect.
- The practice had obtained good National GP Patient Survey results in relation to appointment availability

and experience and ease of making an appointment. 89% of patients described their experience of making an appointment as good compared to the CCG average of 89% and the national average of 85%.

- Urgent appointments were usually available on the day they were requested. Pre-bookable appointments were available within acceptable timescales.
- 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. The practice implemented suggestions for improvement and made changes in response to feedback. For example, they had moved back office functions away from the reception desk and to the upper floor of the building to aid patient confidentiality in response to patient feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 98.6% of the point's available (local clinical commissioning group average 96.7% and national average 94.7%)

Summary of findings

- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.
- Consider developing a comprehensive locum induction pack
- Consider installing a hearing loop
- Ensure that sharps bins are disposed of regularly regardless of whether they are less than two thirds full or not.

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

Importantly, the provider should:

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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 generally assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place. However, the practice needed to strengthen the arrangements they had in place for ensuring sharps bins were emptied regularly regardless of how full they were.

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.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good 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 showed patient outcomes were better than local clinical commissioning group (CCG)

Good



Summary of findings

and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 98.6% of the points available (local CCG average 96.7% and national average 94.7%).

Achievement rates for cervical screening and the majority of childhood vaccinations were lower than, but generally comparable with, local and national averages. For example, at 75.7%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was lower than the national average of 81.8%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 93.1% to 98.3% (compared with the CCG range of 97.3% to 98.7%). For five year olds this ranged from 88.7% to 92.5% (compared to CCG range of 92.2% to 98.3%). As at the end of February 2016 (latest data available) 80.2% of the practices eligible patient population of 1200 patients had received a flu vaccination during the 2015/16 flu campaign period. As a result they were the second highest achiever out of 20 local practices.

There was evidence of clinical audit activity and improvements made as a result of this. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

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. Visual patient information leaflets were available for patients with a learning disability. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 were higher than or comparable with local CCG and national averages in respect of providing caring services. For example, 94% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 89% said the last nurse they saw or spoke to was good at listening to them (CCG average 91% and national average was 91%).

Good



Summary of findings

Results also indicated that 91% of respondents felt the GP treated them with care and concern (CCG average 89% and national average of 85%). 89% of patients felt the nurse treated them with care and concern (CCG average 91% and national average 91%).

Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good 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 used the local CCGs Safeguard Incident and Risk Management (SIRMS) to report significant events. This enabled not only the practice but the CCG to identify recurrent issues and those requiring urgent remedial action or response.

The practice's scores in relation to access in the National GP Patient Survey were comparable with local and national averages. Then most recent results (January 2016) showed that 88% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). 87% found it easy to get through to the surgery by phone (CCG average 81%, national average 73%). 73% said they usually waited 15 minutes or less after their appointment time (CCG average 73%, national average of 65%).

The practice offered extended opening hours up to 9pm one night per week and operated 15 minute appointment slots during this session to allow GPs the time to carry out procedures such as blood tests and cervical smears.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Good



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.

Good



Summary of findings

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 had a business plan which included issues such as contracts, viability, premises and recruitment and retention of staff.

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 ensured this information was shared with staff to ensure appropriate action was taken.

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

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) average of 99.9% and the England average of 97.9%.

All patients had a named GP and the practice offered flu vaccinations to older people. As at the end of February 2016, 80.2% of the practice's eligible patient population of 1200 patients, which mainly consisted of people aged over 75, had received a flu vaccination during the 2015/16 flu campaign period. The practice were the second highest achiever out of 20 local practices.

The practice had a palliative care register and held monthly multi-disciplinary meetings to discuss and plan end of life care. This involved the development of comprehensive care plans in conjunction with patients and their families and carers, which included recording and planning for the patient's preferred place of death. 25 of the 26 patients on the practice's palliative care register who had died during the period 1 April 2015 to 31 March 2016 had done so in their preferred place of death.

Comprehensive care plans were in place for patients at high risk of admission to hospital. The practice were proactive in their approach to admission to hospital avoidance and referred relevant patients to the Northumbria Healthcare Trust Admission Avoidance and Resource Team (AART). AART then carried out urgent assessments of unwell patients living in the North Tyneside area to help them remain in their own home and prevent an unnecessary hospital visit.

Good



People with long term conditions

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

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 an annual comorbidity review in their birthday month. This included home visit reviews from a GP for housebound patients. A system was in place to follow up on patients who failed to attend review appointments.

Good



Summary of findings

The practice had ensured comprehensive care plans were in place for patients with complex long term conditions. This included patients with diabetes and the practice had adopted the 'Year of Care' approach to caring for their diabetic patients. This helped to ensure that they were supported in self-managing their conditions by providing access to a weekly diabetes clinic and dietician and issuing personalised results letters following annual reviews. The practice had obtained 92.8% of the points available to them in respect of diabetes (0.1% below the local CCG average but 3.6% above the national average).

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to 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 2.4% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 2.3% above the local CCG average and 4% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (1.9% above the local CCG average and 2.2% above the national average).

Families, children and young people

The practice is rated as good for the care of families, children and young people.

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 needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages.

Good



Summary of findings

For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 93.1% to 98.3% (compared with the CCG range of 97.3% to 98.7%). For five year olds this ranged from 88.7% to 92.5% (compared to CCG range of 92.2% to 98.3%).

At 75.7%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was lower than the national average of 81.8%.

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 offered a sexual health service and a full range of contraceptive services, including implants and insertion of intra uterine devices.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The practice is open from 8.30am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from 8.30am to 11.30am and 2pm to 5.40pm) and from 8.30am to 6pm and 6.30pm to 9pm on a Tuesday (appointments from 8.30am to 11.30am, 2pm to 5.40pm and 6.30pm to 8.45pm). The practice also offered urgent and pre bookable telephone consultations to aid patients who worked or were unable to physically attend the surgery. As the practice nurse did not work during the 6.30pm to 9pm session on a Tuesday evening the GPs offered 15 minute appointment slots. This enabled them sufficient time to carry out procedures such as blood tests and cervical smears. The practice had arranged a late collection of samples for laboratory testing to facilitate this.

The practice offered minor surgery, joint injections, contraceptive services, travel health clinics, smoking cessation, weight management advice and NHS health checks (for patients aged 40-74).

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. A text messaging appointment confirmation and reminder service was available.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Staff ensured these patients were given same day access to a GP if necessary when requesting an appointment. Patients with learning disabilities were able to request longer appointments and were invited to attend the practice for an annual review, during which comprehensive care plans were developed. Staff had received training on meeting the specific needs of patients with learning disabilities and the practice had taken steps to ensure that visual health related literature was available.

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 working towards pro-actively identifying carers and had received training from a local carers support service to help them achieve this. In the meantime they had ensured that the carers they had identified were offered an annual flu vaccination and signposted to appropriate support services. At the time of our inspection they had identified 81 of their patients as being a carer (approximately 1.6% of the practice patient population).

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum point available to them for caring for patients with dementia, depression and mental health conditions. At 86% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 5.3% above the local CCG and 2% above the national averages.

Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services. A counsellor attended the practice on a regular basis.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health,

Good



Summary of findings

including those with dementia. Comprehensive care plans were in place for patients with dementia. The practice had previously been recognised by the CCG as having a high dementia diagnosis rate and achieving a steady month by month improvement in respect of this.

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 above or comparable with local and national averages. 249 survey forms were distributed and 117 were returned, a response rate of 47%. This represented approximately 2.3% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).
- 88% said their GP was good at explaining tests and treatment (CCG average 90%, national average 86%)
- 89% said the nurse was good at treating them with care and concern (CCG average 91%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards all of which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident that they would receive good treatment.

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.

Areas for improvement

Action the service SHOULD take to improve

- Consider developing a comprehensive locum induction pack
- Consider installing a hearing loop
- Ensure that sharps bins are disposed of regularly regardless of whether they are less than two thirds full or not.

Drs Mears, Iqbal and Dahl

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance was a GP specialist advisor

Background to Drs Mears, Iqbal and Dahl

Swarland Avenue Surgery is located in the Benton area of Newcastle Upon Tyne and provides care and treatment to approximately 5,022 patients from the NE2, NE3, NE6, NE7, NE12 and NE28 postcodes. It is part of the NHS North Tyneside Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

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

Drs Mears, Iqbal and Dahl, Swarland Avenue Surgery, Swarland Avenue, Benton, Newcastle Upon Tyne, NE7 7TD.

The practice is located in a converted ex residential property. All reception and consultation rooms are fully accessible for patients with mobility issues. The practice has a small four bay car park which does not include any dedicated disabled parking bays and is mainly used by staff. A residents parking scheme is in operation in roads adjacent to the practice. However, a limited number of short stay parking spaces were available and further parking was available at a nearby local shopping area or in the pay and display car park attached to the local metro station.

The practice is open from 8.30am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from

8.30am to 11.30am and 2pm to 5.40pm) and from 8.30am to 6pm and 6.30pm to 9pm on a Tuesday (appointments from 8.30am to 11.30am, 2pm to 5.40pm and 6.30pm to 8.45pm).

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC). The practice is one of 29 practices in the North Tyneside area who are members of the North Tyneside GP Federation. This enables the practice to co-commission more cost effectively and deliver additional healthcare services.

Swarland Avenue Surgery offers a range of services and clinic appointments including chronic disease management clinics, antenatal care, childhood health surveillance and immunisations, minor surgery, smoking cessation and weight management. The practice is a teaching and training practice and provides training for nurses, medical students and GP trainees (fully qualified doctors with experience of hospital medicine who are training to become a GP).

The practice consists of:

- Three GP partners (one male and two female)
- A practice nurse (female)
- A health care assistants (female)
- Nine non-clinical members of staff including a practice manager, systems & contract administrator, senior medical receptionist and medical receptionists

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 average life expectancy for the male practice population is 79 (CCG average 78 and national average 79) and for the female population 83 (CCG average 82 and national average 83).

Detailed findings

57.6% of the practice population were reported as having a long standing health condition (CCG average 55.4% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 49% of the practice population were recorded as being in paid work or full time education (CCG average 58.7% and national average 61.5%). Deprivation levels affecting children were lower than CCG and national averages. Deprivation levels affecting adults were lower than the CCG averages but higher than the national average.

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 5 April 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, the practice nurse, health care assistant, practice manager, systems and contracts administrator and a medical receptionist. 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 five 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 which recorded level of risk and likelihood of recurrence.

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a regular basis at staff meetings as a standard agenda item.

We reviewed safety records, incident reports national patient safety alerts and minutes of partners meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice used the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. Patient safety alerts were received by the practice manager and cascaded to relevant staff for action.

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 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 were GP leads 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 and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.

- Chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had recently reviewed and updated their chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and cleaning audits were carried out on a regular basis as part of the practice's health and safety risk assessment. The practice also carried out regular infection control audits and had recently reviewed their infection control policy. We saw evidence of action taken as a result of infection control audit activity. For example, the practice had replaced the carpet in treatment and consultation rooms with easy to clean flooring.
- An effective system was in place for the collection and disposal of clinical and other waste. However, during the inspection we did find one cytotoxic sharps bin which was labelled as having been assembled in 2013 but was less than two thirds full. We questioned this with the practice manager and infection control lead who told us that this bin was used by district nursing staff and that practice policy was to change the sharps bins before they were two thirds full. However, we would recommend that sharps bins are replaced regularly regardless of whether they are under two thirds full or not. The practice manager and infection control lead accepted this and assured us they would make immediate arrangements for the disposal of the sharps box and ensure they were replaced regularly in future.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely. A pharmacist

Are services safe?

attended the practice one session per week to monitor the quality of their prescribing and the practice used a system which enabled them to ensure their prescribing was cost effective.

- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs 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.
- We reviewed the personnel files of recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice management staff encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents. They had recorded 4 significant events during the period 1 April 2014 to 31 March 2016 and we saw evidence of all being discussed at practice primary health care team meetings to analyse trends and themes and identify lessons learned.

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. Staff had received fire safety training and members of staff had been identified as fire marshals. The fire alarms were tested on a weekly basis and a fire evacuation drill was carried out every six months. 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. Annual leave was planned well in advance and staff, including GPs, covered for each other when necessary by increasing the number of hours they worked.
- Practice staff told us that the practice rarely used locum GPs but when they did they would try to use ex registrars who had worked at the practice and were known to their patients and familiar with practice policies and procedures. If this was not possible they used an agency that ensured that all necessary pre-employment checks had been completed. However, the practice did not have a comprehensive locum induction pack and the practice manager told us this was an area identified for development. The practice had used locum GPs for approximately 10 sessions during the previous six months. We spoke to a locum GP during our inspection who told us that the practice was very supportive of locum GPs and ensured that they were aware of practice policies, procedures and staff roles.

Arrangements to deal with emergencies and major incidents

The practice had very good arrangements in place to respond to emergencies and major incidents and were able to give an example of where they had recently needed to respond to a medical emergency.

- All staff received annual basic life support training. 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 defibrillator available on the premises and oxygen with adult and children's masks.
- 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 weekly practice 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 98.6% of the total number of points available to them compared with the clinical commissioning group of 96.7% and national average of 94.7%.

At 7.2% their clinical exception rate was lower than the local CCG average of 9.6% and national average of 9.2%. 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. This suggests that the practice operated an effective patient recall system, where staff was focussed on following patients up and contacting non-attenders.

- The practice had obtained the maximum points available to them (100%) for 18 of the 19 QOF indicators, including mental health, hypertension, dementia and depression and for caring for patients who had a learning disability or required palliative care. The exception to this was for the care of patients with diabetes. However, the practice had still obtained a score of 92.8% which although 0.1% below the local CCG average was 3.6% above the national average.
- The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several two-cycle audits, including one used to ensure patients prescribed medication for erectile dysfunction were receiving the most effective medicine and were not being charged unnecessarily for private prescriptions following a

change to prescribing guidelines. As a result of the audit relevant patients were offered face to face or telephone reviews. This resulted in a change in medication for nine patients, urology follow ups for three patients and a cease in medication for a further 5 patients. We also saw evidence of a number of other audits including a review of intra uterine contraceptive device and implant procedures, safeguarding referrals, minor surgery, use of disease-modifying anti-rheumatic drugs (DMARDs), diabetes training and unnecessary admission to hospital for children.

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. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers. 25 of the 26 patients on the palliative care register who had died during the period 1 April 2015 to 31 March 2016 had done so in their preferred place of death.

Effective staffing

The staff team included GPs, nursing, managerial, health care and administration 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, safeguarding and appropriate clinical based training for clinical staff.

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 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 which included the identification of training needs and development of personal development plans. Staff were given protected time to undertake both mandatory and non-mandatory training.

The practice continually looked at demand for appointments and staffing requirements and responded appropriately. We looked at staff cover arrangements and

Are services effective?

(for example, treatment is effective)

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 a locum GP they tried to use ex-registrars or locums who had previously worked at the practice to aid continuity of care and familiarity with patients and practice policies and procedures.

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 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.

In advance of the inspection we also spoke to a community midwife and district nurse who were not employed by, but worked closely with the practice. They reported that they had no concerns in respect of the practice and that there was effective information sharing and communication.

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 Mental Capacity Act 2005. All clinical staff had undertaken Mental Capacity Act training.
- 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.
- Information about consent was included in the practice information leaflet and given to patients during consultations where decision making about consent was taking place.

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.

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 93.1% to 98.3% (compared with the CCG range of 97.3% to 98.7%). For five year olds this ranged from 88.7% to 92.5% (compared to CCG range of 92.2% to 98.3%).

At 75.7%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was lower than the national average of 81.8%. Staff felt that this was due to the central recall system used to remind patients of the need to book a cervical smear appointment. Practice staff told us that they had only had one incident of an inadequate sample being taken during a cervical smear test in four years.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients aged between 40 and 74 and for over 75s. From the 1 January 2016 to the date of our visit the practice had carried out 293 NHS health checks. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. For example, anyone identified as having a body mass index of over 30 was asked to undertake a fasting blood test to check for diabetes.

The practice produced a twice yearly newsletter for patients which included useful health promotion information as well as practice specific updates such as details of flu clinics or proposed building works.

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.
- The practice had recently moved their back office functions away from the reception desk to upstairs and removed chairs from corridors in consultation areas to improve patient confidentiality. They had also been successful in obtaining an improvement grant which, together with partner investment would be used to make alterations to the premises. This would not only reconfigure and improve the waiting area and patient confidentiality but also provide another consultation room and improved access for patients with mobility issues.

We received five completed CQC comment cards which were very complimentary about the practice. 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.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than or comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example, of the 117 who had responded to the survey:

- 94% 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%.

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% 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%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 National GP Patient Survey showed patient satisfaction was above or comparable with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 89% said the last nurse they spoke to was good listening to them compared to the CCG average of 91% and the national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

Are services caring?

The practice had access to a translation service for patients who did not have English as a first language. The practice did not have a hearing loop but practice staff told us they were aware of patients with a hearing impairment and would assist them appropriately.

Patients with a learning disability were routinely offered longer appointments and were offered an annual health review. The practice held a register of 21 patients recorded as having a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

Practice management told us that they were working towards pro-actively identifying carers but ensured that the carers they had identified were offered an annual flu vaccination and signposted to appropriate support services. At the time of our inspection they had identified 81 of their patients as being a carer (approximately 1.6% of the practice patient population).

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 helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- 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.
- There were disabled facilities and translation services available. The practice did not have a hearing loop.
- All patient facilities were accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. A text message appointment confirmation and reminder system was in operation
- The practice had developed guidance on registering overseas visitors based on guidance issued by the British Medical Association (BMA). Their guidance had subsequently been shared with other local practices as best practice guidance by the Newcastle and North Tyneside Local Medical Committee.

Access to the service

The practice was open from 8.30am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from 8.30am to 11.30am and 2pm to 5.40pm) and from 8.30am to 6pm and 6.30pm to 9pm on a Tuesday (appointments from 8.30am to 11.30am, 2pm to 5.40pm and 6.30pm to 8.45pm). The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) or request urgent appointments by using a system which released appointments throughout the day. The practice had taken this step to ensure that patients could get a routine appointment within 4-5 days with a GP of their choice. Previously the practice had released a large number of appointments at 8.30am for use on the same day but had found this had

resulted in a longer wait for a routine appointment and additional strain on the telephone system leading to patient dissatisfaction. The practice manager reviewed the appointment system regularly and on a minimum of a weekly basis and would make adjustments to how appointments were released as appropriate.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 75%.
- 87% of patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and the national average of 73%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 73% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 73% and the national average of 65%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.

Patients we spoke to on the day of the inspection and the patients who completed CQC comment cards did not report any concerns about being able to get an appointment within an acceptable timescale. We looked at appointment availability on the day of our inspection and found that an appointment with a GP was available five working days later. However, the practice manager told us that this could change and an appointment may become available earlier dependent upon when appointments were released. The next available appointment with the practice nurse or the health care assistant was four working days later.

Statistical information provided by the practice showed that they were the third lowest out of 17 local practices in terms of patient attendance at hospital accident and emergency departments for 2014/15. For the period April 2015 to January 2016 (the latest data available at the time of our visit) the practice were the second lowest. They partially attributed this low attendance rate to appointment availability.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective system 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 six complaints during the period 1 April 2015 to 31 March 2016. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were discussed regularly at practice meetings and reviewed annually to identify trends, themes and learning points. For example, the practice had received a complaint from the relatives of deceased patient relating to being sent letters addressed to the deceased from health related services following their death. In response the practice had reviewed which health services the practice notified following a patient's death and strengthened their arrangements to support bereaved relatives.

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 vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement, which was 'Our aim is to provide highest quality services to our patients with a trustworthy, warm and friendly approach', had been developed with the input of the patient participation group. Most staff we spoke to during the inspection were aware of the mission statement.

The practice had a business plan which included issues such as contracts, viability, premises and recruitment and retention of staff.

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 and always took the time to listen to all members of staff.

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

- Practice meetings were held on a weekly basis and rotated between partners and practice manager meetings, whole staff team meetings and education events.
- The education events included the whole staff team and covered topics such as understanding GP contracts, the role of the CQC, cancer screening and research, carers centre, online access and contraception.
- 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. The practice had recently reviewed staff contracts to ensure they were consistent and included confirmation of details such as sick pay and bonuses.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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 established a patient participation group which consisted of approximately eight members who met on a bi monthly basis. They had been involved at looking at issues such as car parking availability, staffing in reception, online prescription ordering, developing the practice mission statement, the telephone answer phone system, appointment system and later opening to benefit patients who worked. PPG members who we spoke to told us that the practice was receptive to ideas for improvement and that they felt involved in planning for future developments. Future aims included communicating with patients around the practices planned redevelopment work
- The practice was able to demonstrate that it responded to patient feedback. For example, they had moved back office services from the reception area to the upper floor of the practice to aid patient confidentiality as the result of a patient feedback.

Continuous improvement

Are services well-led?

Good 

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

The practice was committed to continuous learning and improvement at all levels. For example, they had carried out 'lean' reviews of processes and had reviewed and improved the way they dealt with scanning documentation onto patient records as a result of this. They also organised regular whole team educational events which covered topics such as an understanding GP contracts, the role of the CQC, cancer screening and research, the work of the carers centre, online access and contraception.

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

- Ensuring they offered extended opening hours for their patients up to 9pm one night per week. The extended opening hours offered by the practice represented half an hour per every 1000 patients.
- The practice had participated in research which meant that their patients were able to participate in, and benefit from clinical trials should they wish to do so. This had included trialling a device to aid early diagnosis of peripheral arterial disease. The practice had been the first taking part in the research programme to identify and recruit a suitable candidate for the trial.