

# Roseworth Surgery

## Quality Report

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Date of inspection visit: 14 April 2016  
Date of publication: This is auto-populated when the report is published

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 Roseworth Surgery on 14 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. 93% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.

- 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, comments received via the practice suggestion box had led to a review of the practice search and recall system to ensure patients with comorbidities were invited to one annual review

# Summary of findings

- 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%)
- 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.
- Practice staff were aware of, and complied with Duty of Candour requirements.

We saw an area of outstanding practice:

- Patients who lived outside of the practice catchment area but who worked in the area were able to register with the practice.

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

Importantly, the provider should:

- Ensure that a risk assessment is in place detailing why it has not been felt necessary for all staff to undertake a Disclosure and Barring Service (DBS) check.
- Consider replacing the carpeting in one of the nurse's consultation rooms with easy to clean flooring.
- Consider ways of more proactively identifying and supporting carers.

**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 did have carpeted flooring in one of the nurse's consultation rooms which could present an infection control risk.

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. However, not all staff had received Disclosure and Barring Service (DBS) checks and there was no evidence of any risk assessments detailing why this was not felt to be necessary. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training and were DBS checked.

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.

Good



# Summary of findings

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 99.6% of the points available (local CCG average 95.5% and national average 94.7%).

Achievement rates for cervical screening and the majority of childhood vaccinations were higher than, or comparable with, local and national averages. For example, at 89.1%, 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 higher than the national average of 81.8%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 96.7% to 98.4% (compared with the CCG range of 94.8% to 97.2%). For five year olds this ranged from 92.2% to 98% (compared to CCG range of 91.4% to 100%).

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 comment cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the 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, 96% 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 92% and national average was 91%).

Results also indicated that 94% of respondents felt the GP treated them with care and concern (CCG average 88% and national average of 85%). 89% of patients felt the nurse treated them with care and concern (CCG average 92% and national average 91%).

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

Good



# Summary of findings

## 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 higher than local and national averages. Then most recent results (January 2016) showed that 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%). 98% found it easy to get through to the surgery by phone (CCG average 78%, national average 73%). 78% said they usually waited 15 minutes or less after their appointment time (CCG average 68%, national average of 65%).

The practice offered extended opening hours up to 7.45pm one night per week when nurse and GP appointments were available. As the practice was a member of a GP federation with other GP practices in the area their patients were able to access additional services at other practices, such as a leg ulcer dressing service.

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.

The practice offered a number of additional services. This included a phlebotomist, in house ambulatory blood pressure monitoring, electro cardiograms and endometrial pipelle biopsy service.

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.

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.

Good



# Summary of findings

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 97.9% and the England average of 97.9%.

Patients over the age of 75 were offered an annual health review and the practice operated an in house search and recall system to ensure older people were followed up proactively and appropriately.

The practice had a palliative care register and held monthly multi-disciplinary meetings to discuss and plan end of life care.

The practice had identified that they had 87 patients at high risk of admission to hospital and had taken steps to ensure that they had a GP consultation during which comprehensive care plans were drawn up which were then reviewed every six months.

Due to the relatively high number of older patients the practice, together with other practices in their local area, had been successful in obtaining funding from their local clinical commissioning group to provide additional support to their older patients. This resulted in older patients now being able to benefit from social prescribing support from Age UK and another charitable organisations able to offer support with social isolation and poor management of long term conditions and enable older people to live independently in the local community.

The practice had taken steps to ensure that their older patients were offered in-house training on the use of online services such as booking appointments and requesting repeat prescriptions.

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 which was either six monthly or annually dependent on their condition. 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

Good





# Summary of findings

comorbidity review. The practice had identified 22% of their patient population as being over 65 with a comorbidity. A system was in place to follow up on patients who failed to attend review appointments.

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 3.4% 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 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 (2.2% above the local CCG average and 2.2% above the national average).
- The practice had obtained 99.7% of the points available to them in respect of diabetes (7.7% above the local CCG average and 10.5% above the national average).

The practice was part of a cluster arrangement with three other local practices. Together they had been successful in obtaining funding for a pilot scheme. This had enabled them to employ a nurse to visit patients with long term conditions at home with a view to helping them avoid unplanned admission to hospital.

## 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

Good



# Summary of findings

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 96.7% to 98.4% (compared with the CCG range of 94.8% to 97.2%). For five year olds this ranged from 92.2% to 98% (compared to CCG range of 91.4% to 100%).

At 89.1%, 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 higher than the national average of 81.8%.

The practice had developed a young people policy and sent all younger patients a letter on their 16th birthday explaining their services and issues relating to consent.

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 'between practice' contraceptive services which meant that patients from other practices could access contraceptive services at Roseworth Surgery and vice versa.

## **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, Tuesday, Thursday and Friday (appointments from 8.30am to 5.45pm) and from 7am to 7.45pm on a Wednesday (appointments from 7am to 7.30pm).

The practice offered minor surgery, cervical screening, antenatal care, childhood health surveillance and immunisations and travel immunisation advice. Patients who lived outside of the practices catchment area but who worked in the area were able to register with the practice.

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



## **People whose circumstances may make them vulnerable**

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

Good



# Summary of findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were able to request longer appointments and were invited to attend the practice for an annual review.

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 had developed a protocol for carers and ensured that any carer they identified was given a carers pack with details of relevant support services.

## **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 83.6% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 2.4% below the local CCG and 0.4% below 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.

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

Good



# 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 generally above local and national averages. 236 survey forms were distributed and 112 were returned, a response rate of 47%. This represented approximately 2.1% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 96% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)

- 89% said the nurse was good at treating them with care and concern (CCG average 92%, 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 43 comment cards all of which were very complimentary about the standard of care received. Words used to describe the practice and staff included respectful, courteous, polite, friendly, excellent, professional, reassuring and approachable. 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 five patients during the inspection, two of whom were members of the practice patient participation group. All five 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

- Ensure that a risk assessment is in place detailing why it has not been felt necessary for all staff to undertake a Disclosure and Barring Service (DBS) check.

- Consider replacing the carpeting in one of the nurse's consultation rooms with easy to clean flooring.
- Consider ways of more proactively identifying and supporting carers.

## Outstanding practice

- Patients who lived outside of the practice catchment area but who worked in the area were able to register with the practice.

# Roseworth Surgery

## 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 Roseworth Surgery

Roseworth Surgery is located in the Gosforth area of Newcastle Upon Tyne and provides care and treatment to approximately 5,131 patients from the Gosforth, Kenton, Fawdon, Wideopen, Seaton Burn, Jesmond, Benton, Longbenton, Killingworth and Kingston Park areas. It is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

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

Roseworth Surgery, 27-29 Roseworth Avenue, Gosforth, Newcastle Upon Tyne, NE3 1NB.

The practice is located in a converted ex residential detached property. All reception and consultation rooms are fully accessible for patients with mobility issues. The practice does not have a car park but on street parking is available nearby.

The practice is open from 8.30am to 6pm on a Monday, Tuesday, Thursday and Friday (appointments from 8.30am to 5.45pm) and from 7am to 7.45pm on a Wednesday (appointments from 7am to 7.30pm).

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).

Roseworth Surgery offers a range of services and clinic appointments including chronic disease management clinics, cervical screening, antenatal care, childhood health surveillance and immunisations. The practice is a teaching and training practice and provides training for 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 (two male and one female)
- Two salaried GPs (one male and one female)
- Two practice nurses (both female)
- A health care assistants (female)
- Nine non-clinical members of staff including a practice manager, assistant practice manager/secretary, administration and reception staff

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

The average life expectancy for the male practice population is 79 (CCG average 77 and national average 79) and for the female population 83 (CCG average 81 and national average 83).

51.2% of the practice population were reported as having a long standing health condition (CCG average 56.9% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 59.4% of the practice population were recorded as being in paid work or full time education (CCG average 60.5% and national average 61.5%). Deprivation levels affecting both children and adults were lower than CCG and national averages.

# Detailed findings

## 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 14 April 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, the lead practice nurse, practice manager, assistant practice manager, administrator and apprentice. We spoke with five patients, two 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 43 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, discussed at regular staff meetings and reviewed on an annual basis. The practice recorded relevant significant events on 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 maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and cleaning audits were carried out on a monthly basis together with infection control audits and an inspection of the premises. An effective system was in place for the collection and disposal of clinical and other waste. However, one of the nurse's consultation rooms had carpeted flooring which could present an infection control risk.
- 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 attended the practice on a weekly basis to monitor the quality of their prescribing and ensure the practice was working in line with prescribing engagement programme targets. The practice had introduced a system to ensure that patients were not issued with repeat prescriptions without attending long term condition review appointments where appropriate.
- 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.
- Appropriate recruitment checks had been undertaken for all staff prior to employment. A comprehensive recruitment policy was in place which was reviewed and updated on an annual basis. However, not all staff had undertaken a Disclosure and Barring Service (DBS) check and there was no risk assessment in place detailing why this was not felt to be necessary.

## Are services safe?

- 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 23 significant events during the period 1 April 2015 to the date of our inspection and we saw evidence of these being discussed at clinical, practice and more informal 'lunch and learn' 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 and emergency lighting system were tested on a weekly basis and a fire evacuation drill was carried out quarterly. 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 a buddy system was in operation to ensure staff, including GPs, were able to cover for each other when necessary. The practice had recently carried out a smarter working review and had appointed an additional three non-clinical members of staff

- Effective staff cover arrangements meant that the practice had not needed to use locum GPs in the previous five years. When additional GP cover was required one of the part time salaried GPs would increase their hours or an ex-registrar known to practice patients and familiar with practice policies and procedures was appointed.

### 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. A reciprocal arrangement was in place with other GP practices in the area.



# 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 99.6% of the total number of points available to them compared with the clinical commissioning group of 95.5% and national average of 94.7%.

At 7.3% their clinical exception rate was lower than the local CCG average of 8.9% 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 16 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. For the indicators where the practice had not obtained the maximum points available to them (diabetes, secondary prevention of coronary heart disease and stroke and transient ischaemic attack) they had still obtained scores above local and national averages.

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 that patients with psoriasis had an annual assessment for psoriatic arthritis in line with

NICE guidance. As a result of the audit 159 patients with a diagnosis of psoriasis were sent psoriasis epidemiology study (PEST) questionnaires. Based on the results of these questionnaires 16 patients were invited to the surgery for a face to face review. We also saw evidence of a number of other audits including identifying patients suitable for in-house 24 hour ambulatory blood pressure monitoring in accordance with NICE hypertension guidelines; folic acid prescribing during pregnancy and anticoagulation for patients at high risk of ischaemic stroke all of which had led to improvements in patient outcomes.

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. Anticipatory medicines were issued when appropriate.

The practice had participated in the Newcastle Clinical Commissioning Group Chronic Obstructive Pulmonary Disease (COPD) project 2015/16 and felt that their participation in this project and subsequent changes in the way they managed and supported patients with this condition had led to a reduction in unplanned admission to hospital for this patient group. The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (2014/15) was 94.9% (national average 90%).

The emergency admission to hospital rate for the practice was 12.6% compared with the national average of 14.6%. The practice felt that this low rate was attributed to ease of appointment availability. The practice carried out an audit of patients who had attended the accident and emergency department and sent a letter to patients who had attended unnecessarily advising them of the availability of urgent same day GP appointments and other courses of action they could have considered.

### Effective staffing

The staff team included GPs, nursing, managerial, health care, reception 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

# Are services effective?

## (for example, treatment is effective)

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 had recently carried out a smarter working review and made changes to the way in which the dealt with correspondence and medicines as a result of this. The practice had also appointed an additional three non-clinical members of staff. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house. The practice did not use locum GPs as one of their part time salaried GPs was willing to increase their working hours if required.

### 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.

In advance of the inspection we also spoke to a district nurse who was 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. Clinical staff were quick to respond to requests for information or advice and bi-weekly multi-disciplinary meetings were held which alternated between clinical follow ups, safeguarding, high risk patients and patients causing concern.

### 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.

### 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 96.7% to 98.4% (compared with the CCG range of 94.8% to 97.2%). For five year olds this ranged from 92.2% to 98% (compared to CCG range of 91.4% to 100%).

At 89.1%, 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 higher than the national average of 81.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (if appropriate following completion of a questionnaire), patients aged between 40 and 74 and for over 75s. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. During the period 1 April 2015 to 31 March 2016 the practice had carried out 250 NHS Health Checks.

## Are services effective? (for example, treatment is effective)

The practice used a tele-dermatology system where they could send a photograph of a skin lesion or condition to a NHS skin specialist using mobile phone technology for a rapid diagnosis.

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 the latest friends and families tests, home visit requests, online and text messaging services. The practice information leaflet and website also gave patients useful information relating to the services offered.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 43 completed CQC comment cards which were very complimentary about the practice. We also spoke with five patients during our inspection, two 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:

- 99% 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%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 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 92% and the national average of 91%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the 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:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 89% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice were aware of where results were below local and national average and were committed to improvement. For example, as a result of the percentage of patients who felt the last nurse they saw had been good at listening to them being below local and national averages the practice had sourced additional training on providing compassionate care.

The practice had access to a translation service for patients who did not have English as a first language and a hearing loop for patients with a hearing difficulty.

Patients with a learning disability were offered an annual health review and could request a longer appointment

## Are services caring?

although the practice had recently taken steps to increase their appointments times to 15 minutes. The practice held a register of 26 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.

The practice had identified 42 of their patients as being a carer (approximately 0.8% of the practice patient population). A member of staff had been identified as a

carers champion and a carer's information pack was available. Statistically just over 10% of the population are known to be unpaid carers and there are thought to be a further 50% who have not been identified. As a result GP practices are unlikely to be able to identify more than five percent of their patient population as carers but are expected to have identified one to three percent. This would indicate that the practice needs to do more to proactively identify and support their carers.

The practice had a bereavement protocol in operation and bereaved patients were sent condolence cards and offered support.

# 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 had 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 identified that 22% of their patients over the age of 65 had a long term condition. As a result of that together with patient feedback they had decided to extend their routine appointment time from ten to 15 minutes.
- The practice offered a number of additional services. This included a phlebotomist, in house ambulatory blood pressure monitoring, electro cardiograms and endometrial pipelle biopsy service.
- Patients who lived outside of the practice catchment area but who worked in the area were able to register with the practice.

### Access to the service

The practice was open from 8.30am to 6pm on a Monday, Tuesday, Thursday and Friday (appointments from 8.30am to 5.45pm) and from 7am to 7.45pm on a Wednesday (appointments from 7am to 7.30pm).

The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) or request urgent same day appointments. They had implemented a 'doctor of the day'

rota system to ensure one GP was always available to deal with emergency appointment requests and felt this system worked well. The doctor of the day was also responsible for reviewing blood test results and hospital discharge information and for mentoring trainee GPs. The practice reviewed the appointment system and demand on a weekly basis.

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, or comparable with local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 98% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 78% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 68% and the national average of 65%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

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. However, some did express dissatisfaction at being able to get an appointment with a GP of their choice within an acceptable timescale. We looked at appointment availability on the day of our inspection and found that a pre bookable appointment with a GP and a nurse were available the same or following day.

### 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.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice. Complaint responses included details of how to escalate a complaint should a complainant remain dissatisfied with the response from the practice.
- We saw that information was available in the reception area and on the practice website to help patients understand the complaints system.
- Healthwatch had visited the practice in March 2014 and raised concerns about the limited amount of information available informing patients how to make a complaint. A subsequent visit in February 2015 found that this problem had been rectified and information was now available.

The practice had recorded nine 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 a patient regarding a lack of communication over an individual funding request (IFR) hospital referral. In response the practice had taken steps to ensure that communication was improved and relevant patients were given a better understanding of the processes around an IFR referral.

# 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 was 'to provide the highest quality primary healthcare to our patients. We will take steps to promote good health and are committed to giving patients the best possible service'. Most staff we spoke to during the inspection were aware of the mission statement and of the aims and objectives of the practice.

The practice had a business plan which covered topics such as succession planning, maintaining work/life balance for staff, developments to the IT system and continuing to monitor the effectiveness of their cluster practice chronic obstructive pulmonary disease (COPD) project.

### 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 regular basis. This included weekly partner meetings, fortnightly clinical meetings (which alternated between clinical, multi-disciplinary and NICE meetings), monthly non-clinical staff meetings and weekly nursing team meetings.
- 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 changed to a six monthly SOAR (self, opportunity, aspirations and results) appraisal process to enable their staff to identify and plan personal development opportunities.

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

The practice encouraged and valued feedback from patients, the public and staff. They 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 both a virtual and actual patient participation groups. The virtual group consisted of approximately 116 members who were canvassed for their views of the practice by email or text message. The actual group consisted of approximately twelve core members who met on a quarterly basis. They had been involved at looking at issues such as the plans for structural alterations to the premises, attending CCG commissioning group meetings and analysing survey results. In addition they had arranged in-house training to enable patients to use online services. PPG members who we spoke with told us that the practice was receptive to ideas for improvement and that they felt involved in planning for future developments.
- The practice was able to demonstrate that they responded to patient feedback. For example, as a result of national GP survey results they had increased their standard GP appointment time to 15 minutes. Comments received via the practice suggestion box had led to a review of the practice search and recall system to ensure patients with comorbidities were invited to one annual review.



# Are services well-led?

Good 

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

- The practice regularly reviewed the results of their 'friends and family' surveys. The two most recent surveys demonstrated that 68 out of 69 patients would either be extremely likely (42 patients) or likely (26 patients) to recommend the surgery to friends or family. This represented 98.6% of respondents.

## Continuous improvement

The practice was committed to continuous learning and improvement at all levels. For example, they had carried out smarter working reviews and recruited three additional members of non-clinical staff to meet demand.

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 7.45pm one night per week.
- Allowing patients who worked, but did not live in, their catchment area to register with the practice.
- As the practice had identified that 22% of their patients over the age of 65 had a long term condition they had decided to increase their standard GP appointment length to 15 minutes
- The practice was in a cluster arrangements with three other local practices. Together they had been successful in obtaining funding for a pilot scheme which had enabled them to employ a nurse to visit patients with long term conditions at home with a view to helping them avoid unplanned admission to hospital.
- The practice offered in house ambulatory blood pressure monitoring, electro cardiograms and endometrial pipelle biopsy services. As the practice was part of a GP federation with a number of other GP practices in the area patients from other practices were able to access these services. In return, patients from Roseworth Surgery were able to access services at other practices, for example, for leg ulcer dressings.