Beaumont Park Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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 Beaumont Park Surgery on 8 December 2015. 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 report incidents and near misses.
- Feedback from patients was positive about the way staff treated them. Patients said they were treated with compassion, dignity and respect.
- Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels were very good, and the practice had consistently performed above the majority of local CCG and the national averages.The results also demonstrated staff's commitment to providing their patients with good continuity of care.
- All staff
- Risks to patients and staff had been assessed and steps were being taken to minimise these. Whilst most medicines management systems and processes were safe, we identified that influenza vaccines were being administered without the correct authorisation being in place. Also, the arrangements for ensuring prescription security were not fully effective.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Overall, the practice had satisfactory facilities and was well equipped to treat patients. Plans were in place to improve the patient waiting area which was beginning to show signs of wear and tear.
- Staff were consistent and proactive in supporting patients to live healthier lives, through a targeted approach to health promotion.
- The practice had performed very well with regards to protecting their older patients against seasonal

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influenza. They were the 'top practice' in North Tyneside for vaccinating patients aged 65 year and over, and had vaccinated over 80% of this group of patients.

- There was a clear leadership structure and staff felt supported by the management team. Overall, good governance arrangements were in place.
- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care.

The area where the provider must make improvement is:

- Review the arrangements for non-qualified staff administering influenza vaccines to ensure national guidance is followed, and ensure prescriptions are handled in line with national guidance issued by NHS Protect.

We also identified other areas where the provider needs to make improvements. Importantly, the provider should:

- Prepare a GP locum induction pack.
- Carry out regular checks to make sure that clinicians continue to be registered with their professional body.
- Provide the member of staff designated as the practice's infection control lead with advanced infection control training.

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?

Requires improvement

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

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was a system for dealing with safety alerts and sharing these with staff. Good safeguarding and chaperone arrangements were in place. The practice had made good arrangements to help them respond in the event of an emergency. Although we found that most medicines management systems and processes were safe, we identified that influenza vaccines were being administered without the correct authorisation being in place. Also, the arrangements for ensuring prescription security were not fully effective. The practice had carried out the required pre-employment checks for staff that had been appointed following the registration of the practice. However, the practice was not carrying out regular checks to confirm that the GP partners continued to be registered with their professional body. The premises were clean and hygienic and there were good infection control processes in place. However, the member of staff who was the designated infection control lead had not completed advanced training to enable them to carry out their role effectively.

Are services effective?

Good

The practice is rated as good for providing effective services.

The Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well in obtaining 98.2% of the total points available to them, for providing recommended care and treatment to their patients. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked well with other health and social care professionals to help ensure patients' needs were met. All staff were actively engaged in monitoring and improving quality and outcomes for patients. Staff supported patients to live healthier lives through a targeted and proactive approach to health promotion. Clinical audits carried out by the team had led to improvements in patient care.

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Are services caring?

Good

The practice is rated as good for providing caring services.

Patients were complimentary about the practice, the staff who worked there, the quality of service and, the care and treatment they received. They told us staff provided a good service which met their needs, and said they were treated with respect and dignity. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with access to the practice and appointments, were consistently better than the local CCG and the national averages. They also demonstrated staff's commitment to providing their patients with good continuity of care, and that patients' satisfaction with the quality of GP and nurse consultations was high. Patients also responded very positively to questions about their involvement in planning and making decisions about their care and treatment. These results were also above the local CCG and national averages. During the inspection we saw staff treating patients with kindness and respect. Staff were courteous and very helpful to patients. Patients attending at the reception desk, or contacting the practice by telephone, were treated with dignity and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Staff helped to coordinate patients' care and treatment through partnership working with other services and providers. The practice actively engaged in local clinical commissioning group (CCG) initiatives and worked with them to improve and develop patient care. Results from the most recent NHS GP Patient Survey of the practice showed that patient satisfaction levels regarding access to appointments and their preferred GP, and with appointment waiting times, were higher than local CCG and national averages. Patients we spoke with on the day of the inspection, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments.

Information about how to complain was available in the practice's patient information leaflet and on their website. Complaints received by the practice during the last 12 months had been treated seriously and appropriate action taken to resolve them.

Are services well-led?

Good

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

Summary of findings

Staff had a clear vision about how they wanted the practice to grow and develop, and were taking steps to deliver this. Governance processes were in place, and these were underpinned by a range of policies and procedures that were accessible to all staff. There were systems and processes to identify and monitor individual risks to patients and staff, and prompt action had been taken to address potential risks arising out of the practice's recent comprehensive health and safety audit. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. The practice proactively sought feedback from patients, who were encouraged and supported to comment on how services were delivered. Staff had already identified that the arrangements for staff meetings could be improved, and action had been taken to fully address this shortfall in 2016. There was focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and committed to providing patient focussed services delivered by staff who had the skills and competencies needed to do this.

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

Good

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

Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had, overall, performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. Staff were committed to providing proactive, personalised care to meet the needs of older patients. All patients aged 75 years and older had access to a named GP, to help promote continuity of care to this age group. The needs of 'very elderly' patients were reviewed at the practice's monthly clinical multi-disciplinary meetings. Older patients identified as having complex health and social care needs were referred to the community matron attached to the practice, as well as the local social services department and Age Concern. The practice had a rolling programme which involved staff proactively contacting any patient over 75 years of age who had had no contact with the practice for over 12 months. Staff were taking part in the CCG's 'New Models of Care' initiative, aimed at co-ordinating and improving the care, treatment and support that older patients with complex medical needs received. The practice had performed very well with regards to protecting their older patients against seasonal influenza.

People with long term conditions

Good

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

Nationally reported QOF data, for 2014/15, showed the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. Staff offered proactive, personalised care to meet the needs of patients with long-term conditions. The nursing team provided patients with access to a range of appointments and clinics, to help ensure they received the care and treatment they needed. Patients with long-term conditions were invited for an annual review, more often if required, where the focus was on patient education and the promotion of self-management of their health conditions. The healthcare assistants provided a range of diagnostic testing, prior to patients' appointments with one of the practice nurses, to help reduce the number of times they had to attend the practice if they had more than one long-term condition.

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Families, children and young people

Good

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

Services had been planned to meet the needs of babies, families and younger patients. The practice provided a weekly walk-in clinic, which was supported by the attached health visitor. A full immunisation service was provided, and publicly available information showed the practice performed very well in this area. The two days a week triage service provided by the nurse practitioner (where patients could access both telephone advice or actual appointments) had a good level of usage by families and younger patients. Clinical staff provided a full range of contraceptive services to help patients access this service closer to home. All of the GPs had completed training to help them keep children safe. The practice's attached health visitor attended the multi-disciplinary meetings which helped to promote the sharing of information about vulnerable and at-risk children and younger patients. There were systems in place to identify and follow up children who were at risk. Information was available for younger patients which explained how confidentiality worked, and informed them that they could talk to staff about any concerns they had.

Working age people (including those recently retired and students)

Good

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

The practice was proactive in offering on-line services. For example, patients were able to book appointments and order repeat prescriptions on-line. Extended hours appointments were offered, to make it easier for families and working-age patients to obtain convenient appointments. Staff provided a full range of health promotion and screening that reflected the needs of this age group. Joint injections and a minor surgery service were provided, to help patients access services closer to home. Telephone consultations with a GP or nurse were also available, for those patients unable to attend a face-to-face appointment.

People whose circumstances may make them vulnerable

Good

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

Good arrangements had been made to meet the needs of vulnerable patients. The practice maintained a register of patients with learning disabilities and offered annual reviews to help them stay healthy. Systems were in place to protect vulnerable children. For example, the practice 'flagged' the records of at-risk children, to make sure staff knew who they were, so this could be taken into

Summary of findings

account during any contact with them at the surgery. Staff had received safeguarding training relevant to their role, and knew how to recognise signs of abuse in vulnerable adults and children. They also understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. They knew how to contact relevant agencies in normal working hours and out-of-hours. The practice regularly worked with multi-disciplinary teams involved in the case management of vulnerable people. Staff gave vulnerable patients information and advice about how to access relevant support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

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

Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well in providing recommended care and treatment to patients with mental health needs. All patients with a diagnosed mental health condition were personally contacted by a member of the nursing team, who was also an experienced mental health professional, and invited to attend an annual health review. These reviews were carried out in patients' own homes, if attending the surgery would create additional anxiety and distress. Systems were in place which supported staff to refer patients, so they could access the local psychological therapies programme and benefit from local social prescribing initiatives. The practice worked well with multi-disciplinary teams involved in the case management of people experiencing poor mental health, including those with dementia. Staff maintained a register of patients diagnosed with dementia so they could ensure they received the care and treatment they needed. Patients with dementia were identified on the practice's clinical records system so staff were aware of their specific needs. The performance of the practice in relation to carrying out face-to-face reviews with patients who had dementia was comparable with other practices within the local CCG.

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What people who use the service say

We spoke with seven patients during our inspection, this included three members of the practice's patient participation group (PPG). All of these patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us they were usually able to get an appointment when they needed one, and were able to see their preferred GP. They told us staff provided a good service which met their needs, and the majority said they were treated with respect and dignity. A very small number of patients expressed concerns about overhearing other patients at the reception desk, and of being overheard by others. Staff were taking action to address this by relocating the waiting room television to a more central position to help provide more suitable background noise. Patients told us they did not feel rushed during consultations and said the doctors listened to them and very understood. They said the premises were always clean and tidy. None of the patients we spoke with said they were aware of how to make a complaint. However, complaint information was available in the patient waiting area.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 37 completed comment cards. All of the respondents were positive about the standard of care and treatment provided by the practice. Words used to describe the service included: very caring; helpful; fabulous; very efficient; exceptional; first class; professional; great listeners; excellent. None of the patients who completed comment cards raised any concerns about the care and treatment they received at the practice. However, one patient reported that staff could do better at letting patients know when the doctors were running late.

The results of the NHS GP Patient Survey of the practice, published in January 2016, showed they had performed very well in comparison with the local CCG and national averages. For example, of patients who responded to the survey:

- 92% said they found it easy to get through to this surgery by phone, compared with the local CCG average of 81% and the national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 97% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 95% had confidence and trust in the last GP they saw, compared with the local CCG average of 93% and the national average of 92%.
- 95% said the last GP they saw or spoke with was good at treating them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 82% who had a preferred GP said they usually got to see or speak to that GP, compared with the local CCG average of 64% and the national average of 59%.
- 95% said the last GP they saw or spoke with was good at treating them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to, compared with the local CCG average of 96% and the national average of 95%.

(233 surveys were sent out. There were 112 responses with a completion rate of 48%. This equated to 1.7% of the practice population.)

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Review the arrangements for non-qualified staff administering influenza vaccines to ensure national guidance is followed, and ensure prescriptions are handled in line with national guidance issued by NHS Protect.

Action the service SHOULD take to improve

- Prepare a GP locum induction pack.
- Carry out regular checks to make sure that clinicians continue to be registered with their professional body.
- Provide the member of staff designated as the practice's infection control lead with advanced infection control training.

Beaumont Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice professional and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Beaumont Park Surgery

Beaumont Park Surgery is registered with the Care Quality Commission to provide primary care services. It is a medium sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is situated in Whitley Bay and is part of the NHS North Tyneside clinical commissioning group (CCG). The practice provides services to approximately 6,600 patients from one location, Beaumont Park Surgery, Hepscott Drive, Whitley Bay, NE25 9XJ. We visited this location as a part of the inspection.

The practice is located in a purpose built building, with all treatment and consultation rooms on the ground floor. The practice provides a range of services and clinics including services for patients with asthma, heart disease and diabetes. There are four GP partners (one male and three female), a nurse practitioner, two practice nurses, three healthcare assistants and a team of reception and administrative staff.

The practice is open:

- Monday, Tuesday and Thursday between 8am and 6:30pm.
- Wednesday between 7am and 8pm.
- Friday between 7am and 6:30pm.

GP appointment times are:

Monday: Tuesday and Thursday: 8am to 1pm and 2:30pm to 5:50pm.

Wednesday: 7am to 1pm and 2:30pm to 7:50am.

Friday: 7am to 1pm and 2:30pm to 5:50pm.

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited, and the NHS 111 service.

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. This inspection was planned to check whether the registered 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:

Detailed findings

- 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)

The inspection team:

- Reviewed information available to us from other organisations, such as for example, NHS England.
- Reviewed information from the Care Quality Commission intelligent monitoring systems.
- Carried out an announced inspection visit on 08 December 2015.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to reporting and recording significant events, and lessons were learned when something went wrong. Staff demonstrated a good understanding of their responsibilities regarding the reporting of concerns, and said they would feel comfortable doing so. A member of the nursing team told us they were clear about what needed to be reported, and confirmed that when significant events occurred, these were addressed promptly, lessons were learned and shared with the team using a variety of methods. Where appropriate, incidents and significant events were also reported to the local clinical commissioning group (CCG) via the Safeguarding and Incident Reporting Management System (SIRMS) to promote learning outside of the practice.

Staff had recorded that six significant events had taken place during the previous 12 months. We looked at these and saw that they had all been responded to appropriately. Following a recent issue at the practice, we saw that staff had reflected on, and learnt from what took place, and had then used this learning to improve their arrangements for providing unregistered patients who requested repeat prescriptions, with safe care. This incident had been discussed at a weekly clinical meeting, and recorded as a significant event. We saw that, in light of the issues that had occurred the practice had revised the relevant policies and procedures and shared these with staff to help make sure the issues raised did not occur again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager told us that any alerts they received were forwarded to team members so that appropriate action could be taken. This was corroborated by one of the GPs we spoke with, who confirmed they received alerts from both the practice manager, and the pharmacist attached to the practice. We were told staff did not currently maintain a centralised log of the safety alerts received by the practice or, of the actions taken in response. When we discussed this with the practice manager, they agreed to address this following the inspection.

Overview of safety systems and processes

Overall, the practice had clearly defined and embedded systems, processes and practices in place to keep people safe. However, whilst we found that most medicines management systems and processes were safe, we identified that influenza vaccines were being administered without the correct authorisation. Also, the arrangements for ensuring prescription security were not fully effective.

Good arrangements had been made to safeguard adults and children from abuse that reflected relevant legislation, and local requirements and policies. Safeguarding policies were easily accessible to staff via the practice's intranet system. Staff demonstrated they understood their responsibilities to protect vulnerable patients, and were able to provide examples of where they had taken action to safeguard vulnerable patients. All staff had received, or were about to complete, safeguarding training relevant to their role. This included level three child protection training for the GP partners.

Arrangements had been made to provide patients with access to a chaperone should they request one. All staff undertaking chaperone duties had undergone a Disclosure and Barring Service (DBS) check and completed chaperone training. (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.) Information about how to access a chaperone was available on the practice's website, but we did not see any information in the patient waiting area advising patients they could have a chaperone if they wished.

Overall, there were suitable arrangements for managing medicines, including emergency drugs, which helped keep patients safe. However, we also identified some concerns which we shared with staff during the inspection.

Staff had made arrangements to access their prescribing performance data, and they used this information to improve how they prescribed. For example, a pharmacist from the North of England Commissioning Support Unit regularly reviewed the data, and provided feedback and support to clinical staff during the practice's clinical meetings. The practice had also recently appointed a pharmacist on a trial basis, for 10 hours per week. This person provided clinical staff with extra support to manage prescribing, and also carried out other work to help improve the practice's medicines management performance. This included, for example, carrying out

medicine reviews of patients living in a local care home, and checking any changes to patients' medicines following their discharge from hospital. None of the information we looked at before the inspection indicated that the practice's prescribing data was an outlier, when compared to other local practices.

The practice had systems in place which helped ensure the safe management of the repeat prescribing of medicines. The staff we spoke with were able to clearly describe the processes they followed when they received acute or repeat prescription requests. The practice had a system for, and a clear audit trail of, the management of information about changes to patients' medicines received from other services. Arrangements had been made to monitor patients prescribed high risk medicines on a monthly basis. Vaccines held at the practice were safely managed.

We looked at the arrangements for the administration and supply of medicines, particularly those involving Patient Group Directions (PGDs) and Patient Specific Directions (PSDs.) We found that one of the healthcare assistants (HCA) was administering influenza vaccines under a PGD. National guidance on the use of PGDs states that HCAs cannot administer or supply medicines under a PGD, and that medicines administered under this type of authorisation can only be administered by a qualified healthcare professional. The arrangements for prescription security were not fully satisfactory. Whilst suitable arrangements had been made to ensure the security of pre-stamped, named prescription pads, there was no system for recording the serial numbers of the blank prescription sheets to be used in a printer. Also, computer generated prescriptions were kept in an unlocked cupboard, in a publically accessible area. This increases the potential risk of prescription theft or misuse.

Required recruitment checks had been carried out for recently appointed staff. The staff recruitment files we sampled showed that appropriate checks had been undertaken prior to each person's employment. These included: a check to confirm that nursing staff were registered with the Nursing and Midwifery Council; obtaining references from previous employers; carrying out a DBS check to make sure, where appropriate, new staff were safe to care for vulnerable adults and children.

There was no recorded evidence available to confirm that periodic checks had been carried out, to make sure the GP partners continued to be registered with their professional body. However, following the inspection, the practice manager told us they had put a system in place to address this shortfall. Also, although we were told criminal record checks had been obtained for each of the GP partners before they joined the partnership, there was no documentary evidence of this. This shortfall does not, in itself, pose a risk to patient safety because all GPs have to have had a criminal record check done as part of their Performers List checks. Evidence confirming that all the GPs had indemnity cover was provided following the inspection. Group indemnity cover was in place for all of the other clinicians working at the practice.

Appropriate standards of cleanliness and hygiene were being maintained. The practice was clean and tidy throughout. We saw evidence of a structured and managed approach to maintaining cleanliness. On the day of our inspection, we found the disposable privacy curtains located in the practice's consultation rooms were visibly clean. Arrangements had been made to have the curtains replaced annually, however, this was not in line with national guidance which currently states this should be every six months. Also, the covering on part of the seating in the patient waiting area was damaged which would make it difficult to keep clean. The practice had already identified this as a concern and was taking steps to address it.

The practice had a member of staff who was the designated infection control lead and who provided staff with guidance and advice when appropriate. However, this person had not completed the advanced training needed to enable them to carry out this lead role. There were infection control protocols in place and all staff had received basic infection control training. An infection control audit had been completed in March 2015, to help ensure that good infection control practice was being followed. The audit included an action plan specifying the improvements to be made, but this did not contain any specific timescales.

Monitoring risks to patients:

There were good arrangements for assessing and monitoring the risks to individual patients. An assessment of the premises had recently been carried out by the North of England Commissioning Support Unit, to identify any potential risks to patients and staff. An action plan had subsequently been put in place to address the shortfalls that had been identified, (for example, it was found there

was no legionella risk assessment), and agreed timescales for improvement were included. We looked at the action plan and saw steps had already been taken to address the issues that had been identified. For example, a fire risk assessment had recently been carried out and plans had been made to hold a fire drill. Electrical equipment had been checked to make sure it was safe to use. Arrangements had been made for the local water company to carry out a legionella risk assessment, and this was due to take place at the beginning of 2016. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) The premises did not provide patients using wheelchairs with step-free access. But, the practice was taking steps to address this. Plans were also in place to improve facilities within the building and funding had been applied for, to enable this to happen. Action was already being taken to replace stained floor covering in the reception area and the damaged seat cover in the patient waiting area.

There were some low-level window blinds with loop cords in the patient waiting area. These window blind cords and chains can be a potential strangulation risk to young children and other vulnerable patients. The practice manager told us they would take immediate action to assess and act on any risks identified.

Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. This included an escalation process to help support administrative staff during busy times and, forward planning ahead to ensure there were sufficient staff on duty when team members took leave. Staff told us there were enough staff to meet patients' needs and to ensure the smooth running of the practice. Following the recent departure of one of the GP partners, the practice had used a regular locum to provide cover. However, the practice did not have a GP locum induction pack. The purpose of such a pack is to provide GP locum staff with guidance and information about local conditions and protocols.

Arrangements to deal with emergencies and major incidents

The practice had a business continuity plan for major incidents, such as a power failure or building damage. An email copy had been sent to each member of staff, and the plan could also be easily accessed via the practice's intranet system. There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.

The practice had a system which ensured staff carried out regular checks of the practice's emergency drugs. We found checks had been carried out and records maintained. However, we found that the expiry dates on two items of medication had expired. We discussed this with staff who felt this was a consequence of genuine human error, and that their usual checking procedure worked well. Checks of the practice's resuscitation equipment, including the defibrillator and oxygen supply, had also been carried out regularly. Emergency medicines were easily accessible to staff and stored in a secure area of the practice. All staff knew of their location. All the medicines we checked were in date and fit for use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with any changes to guidance. They had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF, and performance against national screening programmes, to monitor outcomes for patients. Overall, the practice had performed well in obtaining 98.2% of the total points available to them, for providing recommended care and treatment to their patients. This level of performance was 1.5% above the local Clinical Commissioning Group (CCG) average and 4.7% above the England average. This practice was not an outlier for any QOF (or other national) clinical targets. Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them for providing recommended clinical care for patients who had cancer. This was 0.3% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them for providing recommended clinical care for patients who had chronic obstructive pulmonary disease. This was 4% above the local CCG average and 5.3% above the England average.
- 100% of the total points available to them for providing recommended clinical care for patients who had rheumatoid arthritis. This was 6.3% above the local CCG average and 4.6% above the England average.

The practice's clinical exception reporting rate was 12.1% for 2014/15. This was slightly above the local CCG average, by 2.5%, and the England average, by 2.9%. We discussed this with the practice manager who told us good systems were in place to follow up patients who failed to respond to invitations to attend healthcare reviews. We were able to evidence this during our inspection. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The practice actively monitored their rates of referral to secondary care services in response to the local arrangements put in place by their CCG. The practice manager told us they were performing well against the local CCG target and expected to achieve it by the year end. There were good arrangements for meeting the needs of patients who required dermatological care and treatment. One of the GP partners acted as a GP with a Special Interest in this field, and this had helped the practice to reduce referrals to local secondary dermatological care specialists.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. This included a number of complete two-cycle clinical audits. These audits had been generated in response to clinical needs identified by the practice and included: the fitting of contraceptive implants; the use of certain types of medicines; the use of two-week wait cancer referrals and minor surgery.

Effective staffing

There were good arrangements for making sure staff had the skills, knowledge and experience to deliver effective care and treatment. This included providing all new permanent staff with an appropriate induction. Staff had received the training they needed to carry out their roles and responsibilities, including for example, training on safeguarding vulnerable patients, basic life support and infection control. Staff had access to, and made use of, e-learning training modules and in-house training. The nurse practitioner told us they had completed training in the care of patients with chronic obstructive pulmonary disease, diabetes, ear syringing and asthma. They said they had completed the necessary updates, to enable them administer immunisations and carry out cervical screening. They also told us that all members of the nursing team had completed relevant training that enabled them to carry out their roles and responsibilities effectively. The nurse practitioner told us the GP partners and the practice manager were very supportive of their need to carry out

training and ensured they were made aware of any training available. There were arrangements in place for staff to have an annual appraisal, and GP staff were supported to work towards their re-validation.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped make sure staff had the information they needed to plan and deliver care and treatment. The information included, for example, patients' care plans, medical records and test results. All documents relating to patients were scanned onto the practice's clinical record system and then, any tasks that required completion, were assigned to a GP. Systems were in place which enabled staff to receive information from out-of-hours emergency services, and to share important information with these services about vulnerable patients with end of life and/or complex needs. All eligible referrals were handled through the Choose and Book system (now replaced by the NHS e-Referral Service), to help ensure patients were involved in the process of planning and managing their appointments with another healthcare provider. Using this system also meant, wherever possible, patients being referred under the two-week wait cancer timescale, were able to book an appointment before they left the practice. Staff worked well together, and with other health and social care services, to understand and meet the range and complexity of patents' needs and to assess and plan ongoing care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005). The patient clinical system provided staff with prompts to consider when carrying out a consultation with, for example, any patient aged under 16 years of age. Staff we interviewed demonstrated an understanding of consent issues, especially in relation to treating patients with learning disabilities. Clinical staff had completed training in the use of the MCA.

Health promotion and prevention

Staff were consistent and proactive in supporting patients to live healthier lives. There was a focus on early identification and prevention, and on supporting patients to improve their health and wellbeing.

Patients had access to appropriate health assessments and checks, including national screening programmes. These included NHS Health Care Checks, new patient assessments, Healthy Hearts clinics, smoking cessation, and weight management. Arrangements were in place which ensured that any concerns identified during these assessments were followed through by a member of the clinical team. Over the past three years, the practice had offered NHS patient health checks to 1715 patients, of which 942 had attended.

Arrangements had been made to support and encourage women to access cervical screening services. The QOF data, for 2014/15, showed 81.7% of women had received a cervical screening rate in the preceding five years. The data also showed the practice had protocols that were in line with national guidance. This included protocols for the management of cervical screening, and for informing women of the results of these tests.

Nationally reported QOF data, for 2013/14, showed the practice had obtained 100% of the overall points available to them, for providing recommended care and treatment to patients who smoked. This was 5.1% above the local CCG average and 4.9% above the England average. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The practice offered a full range of immunisations for children at their child health and immunisation clinics. On the basis of the nationally reported data available to the Care Quality Commission (CQC), we saw that, where comparisons allowed, the delivery rates for the majority of childhood immunisations were either above, or just below, when compared to the overall percentages for children receiving the same immunisations within the local CCG area. Most of the immunisation rates were above 90%, and two were at 100%. Influenza vaccination rates for patients over 65 years of age, and patients in at risk groups, were higher at 78.07% than the national average at 73.24% and staff told us that they were the 'top practice' in North Tyneside for vaccinating patients aged 65 year and over.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, we observed that members of staff were courteous and very helpful to patients. Patients attending at the reception desk, and calling by telephone, were treated with dignity and respect. Curtains/screens were provided in consulting rooms, so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were kept closed during consultations so that conversations taking place in these rooms could not be overheard. Reception staff were able to offer patients access to a private space, if they wished to discuss something confidential with them.

We spoke with seven patients, these included three members of the practice's patient participation group (PPG). All of the patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us they were usually able to get an appointment when they needed one, and were able to see their preferred GP. They told us staff provided a good service which met their needs, and the majority said they were treated with respect and dignity. A very small number of patients expressed concerns about overhearing other patients attending the front reception desk, and of themselves being overheard by other patients. Patients told us they did not feel rushed during consultations and said the doctors listened to them and were very understanding. Patients said the premises were always clean and tidy. However, none of the patients we spoke with said they were aware of how to make a complaint.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 37 completed comment cards, of which all but one contained positive feedback. Respondents were positive about the standard of care and treatment provided by the practice. Words used to describe the service included: very caring; helpful; fabulous; very efficient; exceptional; first class; professional; great listeners; excellent. None of the patients who completed comment cards raised any concerns about the care and treatment they received at the practice.

The results of the NHS GP Patient Survey of the practice, published in January 2016, showed the practice had performed very well. The practice's performance was above both the local clinical commissioning group (CCG) and national averages, in all but one area of the survey. In addition, the results also demonstrated staff's commitment to providing their patients with good continuity of care. For example, of the patients who responded to the survey:

- 100% said they had confidence and trust in the last nurse they saw, compared to the local CCG average of 98% and the national average 97%.
- 100% said the last nurse they spoke to was good at treating them with care and concern, compared with the local CCG average of 93% and the national average of 90%.
- 97% said they had confidence and trust in the last GP they saw, compared to the local CCG and the national averages of 91%.
- 95% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 89% and the national average of 85%.
- 82% said they usually got to speak to their preferred GP, compared with the local CCG average of 64% and the national average of 59%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who completed CQC comment cards and had commented on this, told us clinical staff involved them in making decisions about their care and treatment. Also, where patients had commented, those that were taking medication confirmed they had received appropriate information about the medicines they had been prescribed.

Results from the NHS GP Patient Survey showed patients were very positive about the way in which clinical staff involved them in making decisions about their care and treatment. The results were consistently above the local and national averages. For example, of the patients who responded to the survey:

- 92% said the last GP they saw was good at explaining tests and treatments; compared to the local CCG average of 90% and national average of 86%.

Good

Are services caring?

- 90% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 86% and the national average of 82%.

Patient and carer support to cope emotionally with care and treatment

During consultations clinical staff ensured patients were given appropriate information to help them cope emotionally with their care and treatment. Clinical staff also had access to a range of health related information leaflets which they were able to give to patients. A limited range of leaflets and health related posters was also available in the patient waiting area.

The practice had identified the needs of carers and maintained a carers' register to help them target appropriate support. At the time of our inspection, there were 60 carers on the register. This was approximately 0.9% of the practice population. The practice manager told us they used the information they held about carers to invite them in for an healthcare review and vaccinations. Information on the practice's website encouraged patients who were also carers to inform practice staff. However, there was no information on the support available to carers in the practice's information leaflet. A protocol had been devised which clearly set out the practice's approach to identifying carers, and supporting them to access appropriate help and advice. A poster in the patient waiting area also encouraged patients to inform staff if they were carers so that staff could, with their permission, refer them to the local adult care services department for a carers' assessment. New patients were asked if they were carers when registering, and the practice's IT system alerted clinicians if a patient was also a carer. Good arrangements were in place to support patients who had experienced a bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. Good arrangements had been made to meet the needs of older patients and patients with long-term conditions. For example, the practice was involved in, and contributing to, the work being undertaken by the local clinical commissioning group (CCG) to look at 'New Models of Care' for supporting those patients with the greatest needs. Twenty patients had already been identified and were being supported as part of the 'New Models of Care' arrangements. Some other examples of responsive care delivered by the practice are described below.

All patients aged 75 years and older had access to a named GP to help promote continuity of care. Staff told us the needs of their 'very elderly' patients were reviewed each month at the practice's multi-disciplinary meetings. Older patients identified as having complex health and social care needs were referred to the community matron attached to the practice, as well as the local social services department and Age Concern. A rolling programme was in place which involved staff actively following up any patient over 75 years of age, who had had no contact with the practice for over 12 months. We were told that if no contact could be made, the nurse practitioner would carry out a home visit. Plans were also being made to train reception and healthcare assistant staff to regularly contact the practice's more vulnerable and older patients, to check on their wellbeing.

The nurse practitioner visited patients who had diabetes in their own homes, if they were housebound, in order to carry out their diabetic reviews. The nurse practitioner also supported the large nursing home situated within the practice's boundary by carrying out a 'weekly ward round' with the support of one of the GP partners and the community matron.

The practice's nursing team offered patients with long-term conditions a range of appointments and clinics, to help ensure they received the appropriate care and treatment. These patients were invited to attend an annual review, or more often if required. A system was also in place to follow up patients who failed to attend for their healthcare reviews. These reviews focussed on educating patients about their long-term conditions and supporting them to manage their conditions. The practice's healthcare assistants provided a range of diagnostic testing prior to patients' healthcare reviews. We were told this enabled the nursing staff to more effectively use their time reviewing the long-term condition care plans with the patient. The nurse practitioner also provided a telephone triage service two days per week. This enabled them to offer patients with long-term conditions accessing this service with an appropriate advice, and where necessary an appointment to carry out a healthcare review.

Staff referred patients to relevant support services, such as the local DESMOND programme, which provides diabetic patients with information about how to manage their condition. The practice also provided a weekly dietician service to help patients manage their diet and gain better diabetic control. Home monitoring kits were available and these helped patients with hypertension to monitor their blood pressure in their own home, so a more accurate reading could be obtained. Nurses had completed a range of training that enabled the team to effectively manage patients' long-term conditions. For example, one of the nurses was an independent non-medical prescriber.

Services had been planned to meet the needs of babies, families and younger patients. The practice provided a weekly walk-in clinic which was supported by the attached health visitor. A full immunisation service was provided, and publicly available information showed the practice performed very well in this area. Staff told us that the triage service provided by the nurse practitioner (where patients could access both telephone advice and appointments) had a good level of usage by families and younger patients. Clinical staff provided a full range of contraceptive services to help patients access this service closer to home. All of the GPs had completed training to help them keep children safe, including the 'Sick Child' e-learning module. The practice's attached health visitor attended the practice's multi-disciplinary meetings. This helped to promote the sharing of information about vulnerable and at-risk children and younger patients. Information was available for younger patients which explained how confidentiality worked, and that they could talk to staff about any concerns they had.

Staff had taken steps to provide services which met the needs of working age patients. The practice offered early

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointments two days a week, from 7am, and late appointments one evening a week, until 8pm, for working patients who could not attend during normal opening hours. The practice held a regular clinic for patients who were planning to travel overseas who required vaccinations. It also provided a joint injections and a minor surgery service, to help patients access services closer to home. Telephone consultations with a GP or nurse were available for patients unable to attend a face-to-face appointment. NHS health checks were offered to all eligible patients, to help identify potential health problems early and to help them live healthier lifestyles. Patients were able to book appointments and request repeat prescriptions on-line.

Good arrangements were in place to meet the needs of vulnerable patients and patients with mental health needs. The needs of these patients were reviewed during the practice's multi-disciplinary meetings and, where appropriate, staff referred patients to other health and social care services. For example, patients could be referred to the local 'Models of Care' pilot, to help ensure they received the support they needed to stay healthy and safe.

Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to patients with mental health needs. This was 4.8% above the local CCG average and 7.2% above the national average. Of those patients with specific conditions covered by this scheme, 78.1% of patients had a care plan that had been documented in their clinical records during the preceding 12 months. This was 3.7% above the local CCG average and 0.9% above the England average. The practice maintained a register of patients with learning disabilities, and used this information to help ensure they met their needs. In order to meet the specific needs of this group of patients, they were offered 30 minute long healthcare review appointments. In addition, nursing staff also carried out these reviews in patients' own homes to help create a more comfortable environment that encouraged their involvement.

All patients with a diagnosed mental health condition were personally contacted by a member of the nursing team (who was also an experienced mental health professional) and invited to attend an annual review. Staff told us that this had increased the numbers of patients who attended these reviews. We were told that the reviews were carried out in patients' own homes, if attending the surgery would create additional anxiety and distress. Where appropriate, staff liaised with the community psychiatric nurse (CPN) attached to the practice, to share information and obtain advice about how to care for patients. The practice manager said the CPN attached to the practice regularly attended their monthly multi-disciplinary meetings, to enable information about patients to be shared, and decisions made about how staff were to support them.

Systems were in place which supported staff to refer patients, so they could access the local psychological therapies programme and benefit from social prescribing. Staff maintained a register of patients diagnosed with dementia, and a protocol was in place which helped to make sure these patients were identified on the practice's clinical records system. (This helps to ensure that staff are aware of their condition when they next see them.) The performance of the practice, in relation to carrying out face-to-face reviews with patients who had dementia, was comparable with other practices in the local CCG.

Responsive arrangements had been made to support the needs of patients requiring palliative care. Staff maintained a register of palliative care patients to make sure they knew who these patients were. Patients on the register were discussed each month, during the practice's monthly multi-disciplinary meeting. Where necessary, staff carried out a daily review of the needs of their palliative care patients, and ensured the out-of-hours service was aware of their treatment and care needs.

Reasonable adjustments had been made which helped patients with disabilities, and those whose first language was not English, to use the main practice. For example, all consultation and treatment rooms were located on the ground floor, as were the disabled toilet facilities. However, we found disabled access to the building was not provided. A loop system was not available for hearing impaired patients, but staff had access to 'cards' which they said they were able to use to overcome communication difficulties with these patients. The waiting area was spacious making it easy for patients in wheelchairs to manoeuvre. We were told that improvements were planned to the practice, and negotiations were underway to obtain the funding to achieve this.

Staff had access to a telephone translation service and interpreters should they be needed. The practice manager

Good

Are services responsive to people's needs?

(for example, to feedback?)

told us these services were rarely required. We did note that there was no information available in languages other than English, either in the patient waiting areas or on the practice's website.

Access to the service

The practice was open:

- Monday, Tuesday and Thursday between 8am and 6:30pm.
- Wednesday between 7am and 8pm.
- Friday between 7am and 6:30pm.

GP appointment times were:

Monday, Tuesday and Thursday: 8am to 1pm and 2:30pm to 5:50pm.

Wednesday: 7am to 1pm and 2:30pm to 7:50pm.

Friday: 7am to 1pm and 2:30pm to 5:50pm.

The practice offered early morning extended hours opening from 7am two days a week, and late opening to 8pm one evening a week, to help make it easier for working age patients to obtain suitable appointments. Patients were able to book routine appointments up to eight weeks in advance. Same-day and urgent appointments were available for patients who had been assessed as having urgent needs. A number of appointments were also released at the start of each day. Patients were usually able to obtain an appointment with a GP or nurse practitioner within 48 hours. On the day of the inspection, when we checked with reception, we found the next available urgent appointment was later in the day, and routine appointments were available within the next 48 hours. Telephone triage was provided by the nurse practitioner and they were able to book patients into GP or nurse appointments, where this was considered necessary. Daily telephone consultations were offered so that patients could obtain advice without having to attend the practice. Appointments could also be booked online by patients who registered for that service. Home visits were available for those patients who were too ill to attend the practice. Patients were sent text reminders to help make sure they remembered they had an appointment. All of the patients we spoke with said they were able to obtain an appointment when they needed one.

The results of the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with access to the practice and appointments, were consistently better than the local CCG and the national averages. Of the patients who responded to the survey:

- 85% were satisfied with the practice's opening hours, compared to the local CCG average of 80% and the national average of 75%.
- 92% said they could get through easily to the surgery by telephone, compared to the local CCG average of 81% and the national average of 73%.
- 96% said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 85%.
- 87% described their experience of making an appointment as good, compared to the local CCG average of 78% and the national average of 73%.
- 84% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 73% and the national average of 65%.

Listening and learning from concerns and complaints

There was a system for handling complaints and concerns and staff told us they made every effort to address concerns raised by patients. There was a designated person responsible for handling all complaints received by the practice. Information was available to help patients understand the complaints system. For example, information about how to complain was available in the practice's information leaflet, on display in the patient waiting area, and on the practice's website. The practice also had a complaints procedure which provided an overview of how any complaints received would be responded to and dealt with. The practice had received seven complaints during the previous 12 months. We looked at a sample of these and found evidence which confirmed that they had all been treated seriously. Where appropriate, lessons had been learnt and apologies had been made to the patients concerned. With regards to one of the complaints were reviewed, we judged that there should have been more information about how it had been investigated.

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 had a clear vision about how to deliver high quality care and promote good outcomes for patients. This was clearly demonstrated to us in the presentation they made to the inspection team and in the interviews we held with staff. Information about the practice's vision was available in the patient waiting area, but was not included on the website. The vision and values statement displayed in the waiting area emphasised staff's commitment to: 'continuing development and improvement; being transparent and caring; valuing everyone's opinion'.

The interviews we carried out with staff provided evidence of a culture which was patient focussed and underpinned by effective teamwork. Our interviews with GP staff and the practice manager showed they understood the challenges they faced and the impact of these on their day-to-day practice. Plans had been made to improve facilities at the practice and steps were being taken to implement these. The practice manager told us there was a rolling programme of carpet replacement which had already commenced. We thought the practice could strengthen the arrangements for implementing their vision by preparing a practice development plan, which clearly set out their priorities for the future, and how and by when they were going to achieve them.

Governance arrangements

Overall, we saw evidence of good governance arrangements. The practice had policies and procedures to govern their activities. There were systems to monitor and improve quality and identify areas of risk and how to minimise these. Staff had designated lead roles in a range of areas such as: infection control; safeguarding; responsibility for the long-term clinical conditions covered by the Quality and Outcomes Framework; responsibility for the enhanced services provided by the practice. Non-clinical staff had also been designated lead key roles, to help promote their involvement in the day-to-day running of the practice. Regular team meetings, including regular multi-disciplinary meetings, helped to ensure patients received effective and safe clinical care. We were told full practice meetings had not taken place as regularly as the GP partners would have liked, but that steps had been taken to address this. The GP partners and the practice manager also met informally every week, and the practice manager told us they had a regular weekly meeting with the senior partner.

Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. The practice proactively sought feedback from patients and had a patient participation group (PPG). There were good arrangements for making sure the premises, and the equipment used by staff, were maintained in a safe condition and worked satisfactorily. There was a clear staffing structure and staff understood their own roles and responsibilities. Clinical audits were carried out and staff were able to demonstrate how these led to improvements in patient outcomes.

Leadership, openness and transparency

The GP partners and practice manager had the experience, capacity and capabilities needed to run the practice and ensure high quality care. The management team had created a culture which encouraged and sustained learning at all levels in the practice. Through their partnership working with other agencies, staff had promoted quality and continuing improvement for patients who used their service. Staff we interviewed told us the practice was well led and they said they would feel comfortable raising any issues of concern. There was a clear leadership structure in place and staff felt supported by management. Staff told us regular meetings were held and their involvement was encouraged. They also said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. Staff proactively sought patients' feedback and engaged them in the delivery of the service, through their virtual and face-to-face patient participation group (PPG). Information about the work of the PPG was available in the patient waiting area, as well as on the practice's website. The most recent set of PPG minutes demonstrated that members had taken part in discussions with staff about potential areas for improvement and how these might be implemented. The minutes showed PPG members had been encouraged to comment on the practice's mission statement, as well as on

Are services well-led?

Good

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

refurbishment plans for the practice. The practice had produced an annual report for 2014/2015 which provided a useful overview of the PPG, and the work its members had contributed to. An action plan had been prepared for 2015/16. However, the plan contained limited information and did not include clear timescales for completion.

The practice also obtained feedback from patients via the NHS Friends and Family Test. The results for October 2015, showed that 89.5% had reported that they would be 'extremely likely' or 'likely' to recommend the practice to families and friends. (The figures for September 2015 were even higher at 92.5%.) Feedback had also been obtained from staff, through staff meetings and appraisals. Staff told us they would not be concerned about giving feedback, or raising concerns or issues with the GP partners or the practice manager. They told us they felt involved and engaged in how the practice was run.

Continuous improvement

There was a clear commitment to continuous learning and improvement at all levels within the practice. Staff were forward thinking and committed to providing patient focussed services. The practice was involved in supporting the work of the local CCG, who were exploring new ways of providing care for patients with the greatest needs, under the 'New Models of Care' initiative. Interviews with staff demonstrated they were always looking for better ways of providing patients with the care and treatment they needed. Staff undertook regular training to help ensure they maintained their competencies and skills.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. **How the regulation was not being met:** Non-qualified staff were administering influenza vaccines without the correct authorisation being in place. Prescription pads were not securely stored. Regulation 12(2) (b) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.