

# Denton Turret Medical Centre

## Quality Report

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

## Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | 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 a planned comprehensive inspection of Denton Turret Medical Centre on 18 December 2014.

Overall, we rated the practice as good. We found the practice to be good for providing safe, effective, caring, responsive and well-led services. Our key findings were as follows:

- The services had been designed to meet the needs of the local population.
- Feedback from patients was positive; they told us staff treated them with respect and kindness.
- Staff reported feeling supported and able to voice any concerns or make suggestions for improvement.
- The practice was visibly clean and tidy.
- The practice learned from incidents and took action to prevent any recurrence.

We saw an area for improvement:

The practice should ensure that all staff undertake annual fire safety training.

We saw the following areas of outstanding practice:

The partners had employed a new practice manager and tasked them with modernising and improving the practice. They also supported the practice manager's commitments with the CCG. Those actions have benefited the practice. For example, the practice has completed a re-structuring of the administrative teams and refurbishment of part of the building and Phase two is to be planned. Through the practice manager the practice had representation at board level in the CCG which enabled them to discuss practice based and wider issues affecting the provision of primary care services.

The practice had introduced the Denton Turret Practice Champions (These are patients of the practice who had volunteered to help promote health and wellbeing of patients) These patients worked closely with the practice manager and GPs to improve the way services were delivered. They provided information for other patients and signposted them to local health support groups.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. For example, we saw that one event led to a change of method in how prescription reviews were handled. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Care and treatment was being delivered in line with current published best practice. They used the data from the Quality Outcomes Framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and implementing preventative measures. The results are published annually.) to assess how the practice was performing. For 2014 the practice achieved an overall QOF score of 99.9% which was above the England average by 6.4%.

Patients' needs were being met and referrals to other services were made in a timely manner. The practice regularly undertook clinical audits.

Staff had received training appropriate to their roles. The practice worked with other healthcare professionals to share information.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. The results of the National GP Patient Survey showed patients felt the GPs and nurses involved them in decisions about their care. The GPs achieved 84%, compared to the national average of 75% and the nurses achieved 74%, compared to the national average 67%.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

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. We saw that lessons were learnt from complaints and shared with staff.

The data showed that for 96.8% of patients experiencing certain mental health problems such as dementia their care had been reviewed in a face-to-face appointment in the preceding 12 months; this was 13% above the national average.

Good



## Are services well-led?

The practice was rated as good for well-led. The practice had a clear vision and strategy which had quality and safety as its top priority. There was also a strategy in place to implement this vision. The partners empowered the practice manager to modernise the practice, which they were undertaking with the involvement of all staff.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted upon. There was an active patient participation group (PPG). The practice introduced and supported a health champions group. Staff had received inductions, performance reviews and attended staff meetings and events. We found there was a high level of staff engagement and staff satisfaction.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, including offering home visits.

Good



### People with long term conditions

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

QOF data showed that 76.1% of patients with asthma had an asthma review within the previous 12 months, which was 0.6% above the national average.

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. We spoke with GPs and nurses who told us regular patient care reviews, for example for patients with chronic obstructive pulmonary disease (COPD - severe shortness of breath caused by chronic bronchitis, emphysema, or both) or asthmatic conditions, took place. These appointments included a review of the effectiveness of patients' medicines, as well as their general health and wellbeing. The practice ensured timely follow-up of patients with long-term conditions by adding them to the practice registers. Patients were then recalled as appropriate, in line with agreed recall intervals.

Good



### Families, children and young people

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

Systems were in place for identifying and following-up children who were considered to be at risk of harm or neglect.

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.

If patients needed emergency contraception they were seen by a clinician the same day.

Good



# Summary of findings

## **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 this population group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice was aware that some patients found it difficult to attend appointments during the normal working day. To address this issue the practice had extended its opening hours every Tuesdays morning and one Saturday morning per month.

Good



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

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

Systems were in place to identify patients, families and children who were at risk or vulnerable. These patients were offered regular reviews. The practice worked in collaboration with other agencies, for example, health visitors and district nurses, to ensure vulnerable families and children and other patients were safe. Multidisciplinary meetings were also held regularly to monitor the care provided. The practice worked with patients being treated for addictions and provided personalised support.

The practice sign-posted vulnerable patients to various support groups and other relevant organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities to ensure they were safeguarded.

Good



## **People experiencing poor mental health (including people with dementia)**

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

Patients experiencing poor mental health had received an annual physical health check. The practice worked closely with multidisciplinary teams in the case management of people experiencing poor mental health. Patients with dementia had their care reviewed in a face-to-face appointment in the preceding 12 months.

Good



# Summary of findings

## What people who use the service say

We spoke with eight patients during our inspection. They told us the staff who worked there were welcoming, friendly and accommodating, and there were no problems getting appointments. They also told us they found the premises to be clean and tidy.

We reviewed three CQC comment cards which had been completed by patients prior to our inspection. All were complimentary about the practice, staff who worked there and the quality of service and care provided.

The latest National GP Patient Survey completed in 2014 showed the large majority of patients were satisfied with the services the practice offered. There were 275 surveys sent out and 109 were returned.

This was a 40% completion rate. The results were:

- The proportion of patients who would recommend their GP surgery – 88%, compared to the national average of 79%;
- In respect of opening house the percentage of patients rating their practice as ‘fairly satisfied or ‘very satisfied’ – 73%, compared to the national average of 77%;
- Percentage of patients rating their ability to get through on the phone as ‘easy’ or ‘very easy’ – 70%, compared to the national average of 73%;
- Percentage of patients rating their experience of making an appointment as ‘fairly good’ or ‘very good’ – 75%, compared to the national average of 75%;
- Percentage of patients rating their practice as ‘fairly good’ or ‘very good’ – 90%, compared to the national average of 86%.

## Areas for improvement

### Action the service SHOULD take to improve

The practice should ensure that all staff undertake annual fire safety training.

## Outstanding practice

The partners had employed a new practice manager and tasked them with modernising and improving the practice. They also supported the practice manager’s commitments with the CCG. Those actions have benefited the practice. For example, the practice has completed a re-structuring of the administrative teams and refurbishment of part of the building and Phase two is to be planned. Through the practice manager the practice had representation at board level in the CCG which enabled it to discuss practice based and wider issues affecting the provision of primary care services.

The practice had introduced the Denton Turret Practice Champions (These are patients of the practice who had volunteered to help promote health and wellbeing of patients) These patients worked closely with the practice manager and GPs to improve the way services were delivered. They provided information for other patients and signposted them to local health support groups.

# Denton Turret Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP and a specialist advisor in practice management.

### Background to Denton Turret Medical Centre

Denton Turret Medical Centre provides services to around 8244 patients, from 10 Kenley Road, Newcastle Upon Tyne, Tyne and Wear, NE5 2UY. The practice area includes Denton Burn, West Denton, Blakelaw, Dumpling Hall, Lemington, Walbottle, Throckley, Newburn, Westerhope, Chapel House, Chapel Park as well as parts of Fenham, Scotswood and Benwell. The practice provides their services under a NHS General Medical Services contract.

The practice has three GP partners and three salaried GPs, two practice nurses, a health care assistant, a practice manager and 10 administration and support staff.

The opening hours for the practice are 8:00am to 6:00pm Monday to Friday. The practice also offers additional pre-bookable appointments one Saturday morning per month, and every Tuesday morning.

The practice has opted out of providing urgent medical attention out of hours to their own patients and this is provided by Northern Doctors 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 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.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time.

### 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

# Detailed findings

- 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 our inspection we carried out an analysis of data from our Intelligent Monitoring system. The system draws on national data systems such as QOF and the GP Patient Survey and identifies indicator scores that are significantly worse than the expected values to prompt questions for the inspection team. This highlighted one area of significant risk across the five key question areas. As part of

the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local Clinical Commissioning Group (CCG).

We carried out an announced visit on 18 December 2014. We spoke with eight patients, two GP partners and one salaried GP, two nurses, one health care assistant, the practice manager and two of the administration team. We also spoke with four members of the patient participation group (PPG). We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed three CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record

The practice had a good track record for maintaining patient safety.

Patients we spoke with said they felt safe when they came into the practice to attend their appointments. Comments from patients who completed CQC comment cards were complimentary about the service they had received and raised no concerns about their safety.

The practice had a significant event audit (SEA) policy and procedures that staff followed. SEAs enable the practice to learn from patient safety incidents and 'near misses', and to highlight and learn from both strengths and weaknesses in the care they provide. The practice also maintained an annual list of safety incidents which helped in identifying any emerging patterns. We saw records for 2013/14 and 2014/15 which listed seven and nine events respectively. We saw that one event led to a change of method in how prescription reviews were handled. We found that it had been dealt with appropriately to avoid any recurrences and had been discussed with relevant staff.

### Learning and improvement from safety incidents

The practice was open and transparent when there were 'near misses' or when things went wrong. There was a system in place for reporting, recording and monitoring significant events. Staff told us that they had a discussion with a GP, nurse or practice manager depending on the issue or at the Tuesday morning meeting. However, we were told that not all incidents were formally recorded. Staff told us that incidents were reviewed at regular practice meetings and changes were made as necessary.

We discussed the process for dealing with safety alerts with a GP. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They told us alerts came into the practice from a number of sources, including the General Medical Council (GMC) and the clinical commissioning group (CCG). Safety alerts were received via NHS email by the practice lead for data and information technology (IT). They forwarded copies of the alerts to the practice manager and GPs for actioning. Any alerts relating to medication were sent to the prescribing lead who would discuss the issues with the pharmacists who would take action as necessary.

Reliable safety systems and processes including safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults which were based on the local CCG guidelines. The practice provided guidance on safeguarding for staff which included how to identify report and deal with suspected abuse. We saw that the practice displayed a contact list of other agencies that may need to be informed when concerns arise such as the local police and Social Services.

The practice had a safeguarding lead with responsibilities for overseeing safeguarding within the practice. This role included reviewing the procedures used in the practice and ensuring staff were up-to-date and well informed about protecting patients from potential abuse. The practice manager told us that all relevant staff had been trained in safeguarding adults and children. We saw certificates and training records which confirmed this. All GPs had been trained to level three in respect of safeguarding children. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

The practice had a process to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended any appointments so that staff were aware of any issues.

The practice had a chaperone policy. There were notices on display in the waiting area to inform patients of their right to request a chaperone. Staff told us that the chaperones were trained. Only clinical staff undertook chaperoning. The staff we spoke with were clear about the requirements of their roles as chaperones. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All the chaperones had been checked by the Disclosure and Barring Service (DBS). The DBS checks to 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.

### Medicines management

We checked vaccines stored in the medicine refrigerators. We found they were stored securely and were only

# Are services safe?

accessible to authorised staff. Maximum and minimum temperatures of the vaccine refrigerators were monitored twice daily by the nurses. Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). PGDs and PSDs are specific guidance on the administration of medicines authorising nurses and health care assistants to administer them. We saw up-to-date copies of directions. However, not all PGDs had been signed by all relevant to indicate that they had read them.

The practice had an effective system to securely store and monitor the distribution of blank prescriptions. The practice manager told us that blank prescriptions were stored in a locked cupboard and the batch numbers were recorded against the names of the GP who took them.

## **Cleanliness and infection control**

The practice was clean, tidy and well maintained. Some of the comments from patients we spoke with reflected this.

The practice had a nominated lead for infection control and an infection control policy. All of the staff we spoke with about infection control said they knew how to access the practice's procedures for infection control. We saw that the practice had carried out an infection control audit and have taken action to address the issues raised, for example the carpets needed cleaning. Training records showed that all clinical staff had received training in infection control.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single-use, and personal protective equipment (PPE), such as aprons and gloves, was available for staff to use. Hand washing instructions were also displayed by hand basins and there was a supply of liquid soap and paper hand towels.

The practice had a contract for cleaning services. The contractor used daily and weekly schedules to indicate which areas required cleaning. There was a system in place for the practice to raise any concerns about cleanliness with the contractor. The contractor also provided their own quality report to the practice very six to eight weeks. The most recent quality report dated 3 March 2014 showed that the cleanliness was satisfactory.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. The storage bin for clinical waste was located in the car park, we saw it was locked and chained to prevent it being opened and moved.

The practice had undertaken a risk assessment of the premises which included checking the risk of legionella (legionella is a bacterium that can grow in contaminated water and can be fatal). The risk was rated very low.

## **Equipment**

The practice had processes in place to check equipment to ensure that it was safe and effective to meet patients' needs. We saw the fire extinguishers were checked in July 2014. All the medical equipment had been checked or calibrated in February 2014. We saw that a portable appliance test (PAT) had been booked for January 2015 (Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

## **Staffing and recruitment**

The practice had a recruitment policy which had been reviewed in November 2014. We reviewed four staff files. They showed that the practice had all the relevant recruitment information which included photographic proof of identity and satisfactory documentary evidence of any relevant qualifications in accordance with Schedule 3 Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The practice undertook an induction process for all new staff. We saw from the four staff files we reviewed that the practice always took up references before confirming an employee's appointment. Staff we spoke with confirmed this.

The practice manager told us that since September 2014 all new staff were required to have DBS checks before being offered employment.

All clinical staff that were in contact with patients had also been subject to DBS checks, in line with the practice's recruitment policy. This demonstrated that the practice had taken reasonable steps to ensure that the staff they employed were suitable to work with vulnerable patients.

The practice had appraisal and supervision policies. We were told that all staff had had an appraisal recently. Staff we spoke with confirmed this and told us personal development plans were completed to address relevant performance issues and training needs.

# Are services safe?

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff. There was a procedure for managing staff absences and when necessary the practice used locum GPs and nurses.

Staff we spoke with were flexible in the tasks they carried out. They told us that they worked well as a team and covered for each other when necessary to ensure their patients received good care.

## **Monitoring safety and responding to risk**

The practice had systems in place to manage and monitor health and safety. Their health and safety policy reminded staff of their individual responsibility for the health and safety. We saw that staff received health and safety training at induction. The practice had nominated fire wardens. We saw records showing that the fire alarms were tested weekly. However, there was no evidence that staff had undertaken annual fire safety training.

We saw that the practice had undertaken a detailed risk assessment of the premises and their working processes which had been reviewed in August 2014.

Arrangements to deal with emergencies and major incidents

The practice had detailed plans in place to ensure business continuity in the event of any foreseeable emergency, for example, a fire or flood.

The practice had resuscitation equipment such as a defibrillator, oxygen and medication available for emergencies. Arrangements were in place to check emergency medicines were within their expiry date and suitable for use. All of the staff we spoke with told us they had either attended CPR (resuscitation) training or refresher training had been arranged. We looked at records which confirmed this. Clear guidance was available to staff on how to deal with emergency telephone calls from patients that required an ambulance. Staff had sufficient support and knew what to do in emergency situations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Care and treatment was delivered in line with recognised best practice standards and guidelines.

GPs and nurses demonstrated an up-to-date knowledge of clinical guidelines for caring for patients. There was an emphasis on keeping up-to-date with clinical guidelines, including guidance published by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) and from local health commissioners (Newcastle West Clinical Commissioning Group (CCG)).

The practice had processes in place to ensure current guidance was being followed. They used the data from the Quality Outcomes Framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, e.g. diabetes and implementing preventative measures. The results are published annually.) to assess how the practice was performing. The practice was aware of its achievements in comparison to other local practices and nationally. For 2014 the practice achieved an overall score of 99.9% which was above the England average by 6.4%.

The practice coded patient records using specific READ Codes. These are codes which provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems. This enabled them to easily identify patients with long-term conditions and those with complex needs. We found from our discussions with the GP and the nurse that staff completed, in accordance with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, the practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. There were regular clinics where patients were booked in for an initial review of their condition; they were then scheduled for recall appointments. This ensured patients had routine tests, such as blood or spirometry (A spirometer measures the volume and speed of air that can be exhaled and is a method of assessing lung function) tests to monitor their condition.

QOF data showed that 76.1% of patients with asthma had an asthma review within the previous 12 months, which was 0.6% above the national average.

We were told that all patients over 75 years of age had been allocated a named GP, which they could change if they wished, who was responsible for their care. This helped to ensure continuity of care.

The practice kept a register of patients with learning disabilities which enabled them to monitor their care effectively.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles, which led to improvements in clinical care. The practice had undertaken six audits in 2014/15. The results of audits and any necessary actions were discussed at clinical meetings. We saw an example of an audit of patients with Atrial Fibrillation (AF) (AF is one of the most common forms of abnormal heart rhythm and a major cause of stroke) which demonstrated this.

The practice used the information from QOF to monitor progress against their QOF targets to ensure that patients were invited for routine regular monitoring tests such as blood pressure checks.

We reviewed a range of data available to us prior to the inspection relating to health outcomes for patients. We saw that under the clinical heading the overall achievement for QOF 2013/14 was 99.9%, which was 6.4 percentage points above the England average. The practice achieved 100% in the 'Palliative care' category, which was 3.3 percentage points above the England average. The practice also achieved 100% in the 'Cancer' category, which was 4.5 percentage points above the England average. In addition the practice achieved 100% in the 'Heart Failure' category, which was 2.9 percentage points above the England average.

### Effective staffing

Practice staffing included administrative, clinical and managerial staff. We reviewed staff training records and saw that the practice had a method of recording training had been undertaken and when updates were due. Clinical staff maintained their individual continuing professional development (CPD) records. Good medical practice

# Are services effective?

## (for example, treatment is effective)

requires doctors and nurses to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance. CPD is a key way for them to meet their professional standards.

We looked at the training records for the practice and saw that staff were provided with comprehensive training. This included safeguarding, complaints and infection control, among other courses appropriate to their work.

All staff were either up-to-date with attending mandatory courses such as basic life support or were scheduled to undertake the training. Staff undertook 'Time out' training courses which gave them an opportunity to undertake undisturbed formal and informal training.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated, or had a date for revalidation (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 with the NHS England).

All staff had received an annual appraisal. During the appraisals, training needs were identified and personal development plans put into place. The practice had an 'open door' policy whereby all staff were encouraged to freely raise any issues or concerns in meetings or privately with the practice manager, team leaders and GPs. All staff we spoke with confirmed this and told us they would have no problems in raising any issues and they felt supported by the practice.

### **Working with colleagues and other services**

The practice worked closely with other health and social care providers, to co-ordinate care and meet their patients' needs. Multidisciplinary meetings which included practice nurses, GPs, district nurses, health visitors and other health care professionals were held regularly. The practice also worked with the community nursing team to provide care to patients in their own homes.

Correspondence from external health care and service providers, such as letters from hospital including discharge summaries, blood tests, information from out-of-hours providers and the 111 service, were received both electronically and by post and distributed to relevant staff

to action. We saw that all blood and other tests results were maintained on a computer record to ensure that all results were reviewed and actioned. The duty GP checked and actioned the results for absent colleagues.

### **Information sharing**

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. These records generated alerts which included prompts to staff that a patient needed medical reviews such as blood tests.

Staff told us that they shared patient information with the out of hour's service which helped ensure that their patients received appropriate care.

The practice made referrals to hospital services using the Choose and Book service (the Choose and Book system enables patients to choose which hospital they will be seen in and allows them to book their own outpatient appointments).

Regular meetings were held throughout the practice. These included staff, clinical and multidisciplinary team meetings. Information about risks and significant events were shared openly at meetings. Patient specific issues were also discussed with appropriate staff and other health care professionals to enable continuity of care.

### **Consent to care and treatment**

Staff we spoke with were able to give examples of how they obtained consent.

We found that staff were aware of the Mental Capacity Act (MCA) 2005 and their responsibility in respect of gaining consent prior to giving care and treatment. They described the procedures they would follow where patients lacked capacity to make an informed decision about their treatment.

The clinicians we spoke with showed they were knowledgeable about how and when to carry out Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

A range of health promotion information was available to patients in the reception and waiting area of the practice. This included information about lifestyle management such as smoking cessation.

The practice had introduced the Denton Turret Practice Champions (These are patients of the practice who had volunteered to help promote health and wellbeing of patients) These patients worked closely with the practice manager and GPs to improve the way services were delivered. They provided information for other patients and signposted them to local health support groups. The practice champions had established a walking group. The walking group met weekly for walks in the local area. With the support of the practice such as using the practice and grounds as the venue, the practice champions held a summer fair in 2014; representatives from local charities and other healthcare providers such as the smoking cessation service attended, this helped to promote patients' health and wellbeing.

All new patients were asked to complete a health questionnaire and were offered a consultation with the GP to discuss their medical histories, current care needs, assess any risks and plan future care such as arranging routine blood tests.

The practice proactively identified patients who needed ongoing support. In particular, they identified carers and placed a flag on their records so that clinicians were made aware of this before these patients attended appointments. Patients with long term conditions had annual (or more frequent if necessary) reviews.

The practice identified patients who would benefit from treatment and regular monitoring, for example, they offered flu vaccinations and immunisations for children in line with current national guidance.

If patients needed emergency contraception they were seen by a clinician the same day.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with eight patients during our inspection. They were all complimentary about the care and service they received. Comments left by patients on the three CQC comment cards we received also reflected this. Words used to describe the approach of staff included excellent, and caring.

We looked at data from the National GP Patient Survey, published in July 2014. 275 questionnaires were sent out to patients, and 109 were returned. The results showed that patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, the practice in the category of overall good experience achieved 90%, compared to the national average 86% and the helpfulness of reception staff, it achieved 92%, compared to the national average 87%. We saw that 96% of patients said they had confidence and trust in their GP, compared to the national average 93% and 84% said their GP was good at treating them with care and concern, compared to the national average 83%. We also saw that 93% of patients said they had confidence and trust in their nurse, compared to the national average 86% and 82% said their nurse was good at treating them with care and concern, compared to the national average 79%.

Staff we spoke with told us how they would protect patient's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

We saw the reception staff dealt with patients pleasantly and warmly. They ensured conversations were conducted in a confidential manner. For example, a radio was playing in the background to obscure their conversation and staff spoke quietly so their conversations could not be overheard. The practice had installed a glass screen on the side of the reception counter which offered additional privacy for conversations between staff and patients. Most telephone calls to the practice were taken by staff in an

office away from the reception area. This reduced the likelihood of telephone conversations being overheard. Staff were aware of how to protect patients' confidential information.

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

Patients told us they felt they had been involved in decisions about their care and treatment. They told us that the clinical staff took their time with them and always involved them in decisions. Some patients used the following phrases to describe their involvement in decisions about their care and treatment, fully involved in my own care, participate in care planning, fully informed and involved.

The results of the National GP Patient Survey showed patients felt the GPs and nurses involved them in decisions about their care. The GPs achieved 84%, compared to the national average of 75% and the nurses achieved 74%, compared to the national average 67%. With regard to explaining the need for any tests or treatment the GPs achieved 88%, compared to the national average 82% and the nurses also achieve 88%, compared to the national average 78% This demonstrated that most patients who responded were satisfied with the way they were treated.

We saw that access to interpreting services was available to patients, should they require it.

The practice had systems to ensure care was tailored to patients' individual needs and circumstances. The practice held registers of various patients, such as those with learning difficulties aged 18 and over and patients suffering from Chronic Obstructive Pulmonary Disease (COPD) (the name for a collection of lung diseases including chronic bronchitis, emphysema.) These enabled the practice to monitor those patients and the care offered. The Quality and Outcomes Framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.) Data showed that 93.5% of patients with mental health issues had a comprehensive care plan documented in their record, in the preceding 12 months; this was 7.6% higher than the national average.

# Are services caring?

## **Patient/carer support to cope emotionally with care and treatment**

Staff told us that in addition to pre-bookable appointments the practice offered urgent appointments on the same day. These services gave patients assurance that their needs would be met on the day they contacted the practice. The practice also undertook home visits for those patients not well enough to attend the practice.

The practice gave us two examples of where staff had 'gone the extra mile'. The practice closes at 6pm however a member of staff stayed with a patient until 8pm to ensure the patient remained safe until collected by the ambulance. In the other example, a GP and nurse helped a person (not a patient) who had been assaulted.

The practice supported patients receiving end of life care who wished to remain in their own home. Staff told us that bereaved relatives and carers would be contacted by telephone or visited by a GP to offer them support.

The practice worked with patients being treated for addictions and provided personalised support.

We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and various support groups and services.

The practice held regular multidisciplinary team meetings where they planned care for patients, such as those experiencing mental health problems and those who would benefit from coordinated support from other health care providers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff told us that patients suffering from some long term conditions such as diabetes were given longer appointment times if necessary.

Patients we spoke with told us they felt they had sufficient time during their appointment. The results of the National GP Patient Survey from 2014 confirmed this; 87% of patients felt the doctor gave them enough time and 89% stating they had sufficient time with the nurse. These results were above the national averages (86% and 81% respectively).

The practice used electronic notes and alerts which were attached to medical records to advise staff that patients had additional needs such as, a learning disability or that they were a carer.

The practice offered personalised care to meet the needs of the older patients in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was.

There was information available to patients in the waiting room and reception area about support groups, various clinics such as the flu clinics, and health and wellbeing advice. For patients with diabetes the practice supported a buddy system which enabled those patients to support each other in person or by telephone.

The practice had representation at board level in the Clinical Commissioning Group (CCG) (CCGs are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.) which enabled it to discuss practice based and wider issues affecting the provision of primary care services.

### Tackling inequity and promoting equality

The practice had recognised the needs of the different groups in the planning of its services.

Nationally reported data showed the practice had achieved good outcomes in relation to meeting the needs of patients whose circumstances may make them vulnerable.

Registers were maintained which identified which patients fell into these groups. The practice used this information to ensure patients received an annual healthcare review and access to other relevant checks and tests. The data showed

that for 96.8% of patients experiencing certain mental health problems such as dementia their care had been reviewed in a face-to-face appointment in the preceding 12 months; this was 13% above the national average.

Staff told us that the practice offered longer appointments for patients who needed them.

There was parking available in a car park directly outside the practice. The practice buildings had step free access and the consulting and treatment rooms were accessible to all patients. There were disabled toilet and baby changing facilities available.

The practice had arrangements in place to access interpretation services for patients whose first language was not English.

### Access to the service

Opening times for the practice were 8:00am to 6:00pm Monday to Friday. The practice also offered additional pre-bookable appointments every Tuesday morning and one Saturday morning per month.

Staff told us that the practice would not turn any patient away if they needed same day care and treatment.

Every afternoon the practice held a GP led triage surgery for those patients unable to get an appointment but who felt their problem was urgent. Feedback from patients we spoke with, and those who completed CQC comment cards, did not raise any concerns about getting an appointment with a clinician on the day if their need was urgent.

Patients were able to book appointments either by calling into the practice on the telephone. Patients could also book appointments with the GP partners on-line. Home visits were available for patients who were housebound because of illness or disability.

Most of the patients we spoke with commented positively on the appointments system. They said they were satisfied with the appointment systems operated by the practice. Some patients commented that it was easy to get an appointment. This was reflected in the results of the most recent National GP Patient Survey. This showed 75% of respondents described their experience of making an appointment as 'very good' or 'fairly good', matching the national average and 96% said that the last appointment they got was 'convenient for them', in comparison to the national average of 91%.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had an up-to-date practice leaflet which provided information about the services available, contact details and repeat prescriptions. There was also a clear, easy to navigate website which contained detailed information to support patients.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Notices displaying the complaints process were on display in the waiting room. The practice leaflet asked patients to tell the practice if they did not get something right so that they could rectify it. In addition, details of how to make a complaint were on the practice website.

None of the eight patients we spoke with on the day of the inspection said they had felt the need to complain or raise concerns with the practice. In addition, none of the three CQC comment cards completed by patients indicated they had felt the need to make a complaint.

Staff we spoke with were aware of the complaints policy and the action they needed to take if they received a complaint. They told us they would inform the practice manager of any complaints made to them.

We saw that the practice had recorded their complaints in an annual register. We saw that they had received nine complaints in both 2013/14 and to date. A summary of the complaint, details of the steps taken to address the complainant and a statement stating whether or not the complaint had been upheld, were recorded. We saw that the practice had analysed the complaints and a report showing the nature of the complaint and which area of the practice it related to, this helped to identify areas of the service they needed to address. Any learning from the complaints was recorded and shared with staff at staff meetings.

# Are services well-led?

(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 mission statement which was to provide the best possible care for their patients with the resources available. To help achieve this, the partners had employed a new practice manager and tasked them with modernising and improving the practice. They also supported the practice manager's commitments with the CCG. These included roles such as lead practice manager for Newcastle. Those actions have benefited the practice. For example, the practice has completed a re-structuring of the administrative teams and refurbishment of part of the building and Phase two is to be planned. We saw a five year plan for building works to be carried out on the premises. Through the practice manager the practice had representation at board level in the CCG which enabled them to discuss practice based and wider issues affecting the provision of primary care services.

We spoke with eight members of staff and they all knew and understood the vision and values and what their responsibilities were in relation to these. They told us they were all, as a team focussed in providing quality care for all patients.

### **Governance arrangements**

The practice had developed a clear leadership structure showing lines of accountability for all aspects of patient care and treatment. This included details of nominated individuals who were responsible for various clinical and non-clinical areas. The practice held regular governance meetings.

The practice had a number of policies and procedures in place which governed their day-to-day activities. Staff were able to access these electronically. Staff told us that they worked in accordance with their policies and procedures, for example, they told us they followed patient group directions (PGDs) and patient specific directions (PSDs). The policies and procedures that were in place, and feedback from staff, showed us that effective governance structures were in place.

Staff told us that they interacted with their colleagues throughout the day, supporting each other to provide services to patients. We saw that the practice held various regular meetings such as weekly team meetings and monthly staff meetings with the practice manager.

### **Leadership, openness and transparency**

The practice had a clear corporate structure designed to support transparency and openness. There was a well-established management team with clear allocation of responsibilities. Staff undertook lead roles in such areas as infection control and monitoring QOF data and practice performance. The management team had a good understanding of, and were sensitive to, the issues which affected patients and staff.

The practice manager told us that the practice had an open culture where staff were encouraged to discuss issues with colleagues and GPs when the need arose. Staff we spoke with confirmed this and told us that the practice was very supportive and they had no concerns about raising any matters with colleagues, GPs or the practice manager. This environment helped to promote honesty and transparency at all levels within the practice.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff we spoke with told us this provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. We saw the practice also used the various meetings to share information about clinical and administration issues.

We saw that the practice had undertaken its own patient survey in 2013/14 and had received 161 responses. The responses were analysed and in collaboration with their patient participation group (PPG) an action plan was formulated. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Action was taken by the practice to address the issues highlighted. For example, most patients said that they would like to receive reminders of appointments via a text message and the practice was actively looking to provide the service.

We spoke with members of the PPG. They told us that their strength was their diversity and their willingness to raise any issues with the practice. They said they had been involved in discussions about using the practice website for making appointments which would free up the telephone lines, introducing name badges for staff and higher chairs

# Are services well-led?

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

for patients who found it difficult to use normal chairs. They also had been involved in the recruitment of a salaried GP. The members told us that they had a good relationship with the practice and felt this encouraged open debate.

## **Management lead through learning and improvement**

The practice had management systems in place which enabled learning and improved performance.

Staff told us that the practice was supportive of training. They said they had received the training they needed or it had been scheduled, both to carry out their roles and responsibilities and to maintain their clinical and professional development. We saw schedules of various Time Out workshops run by the CCG that had been offered

to staff. The workshops included training in areas such as palliative care guidelines, Mental Capacity Act and antibiotic prescribing. All staff had received an appraisal within the last few months.

The practice was a training practice. The practice provided training placements to fully qualified doctors (called 'Registrars') to undertake supervised specialist training as part of their GP training. Staff told us that they also learnt from the registrars. This demonstrated that the practice staff shared their skills and experience with colleagues for the benefit of patients.

The practice had an effective approach to incident reporting in that it encouraged reporting and the review of all incidents. Team meetings were held to discuss any significant incidents that had occurred. The practice had completed reviews of significant events and other incidents and shared these with staff.