

# Deneside 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 an announced comprehensive inspection at Deneside Medical Centre on 27 April 2017. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

In addition, the provider should:

- Take steps to record the distribution of pre-printed prescription form stock within the practice.
- Take action to provide Mental Capacity Act training for relevant staff.
- Review the letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

**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.

Good



- There was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice was clean and hygienic and good infection control arrangements were in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe; although records of the distribution of pre-printed prescription form stock within the practice were not maintained.
- Comprehensive staff recruitment and induction policies were in operation. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were broadly in line with national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 93.9% of the points available. This was slightly below the local and national averages of 97.5% and 95.4% respectively. Action had been taken over the past year to improve performance and practice data (unverified) showed that the practice had achieved an overall QOF score of 96.5% for 2016/2017.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment, although it was not clear whether all clinicians had completed Mental Capacity Act training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice identified carers and ensured they were signposted to appropriate advice and support services; 65 patients (1.4% of the practice list) had been identified as carers. Arrangements were in place to support families who had suffered bereavement.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. However, action had been taken since the data was collected to address the issues that had led to these scores.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- The practice understood the local population profile and had used this understanding to meet the needs of the population.
- The practice scored well in relation to access in the National GP Patient Survey. The most recent results (published in July 2016) showed 90% (compared to 85% nationally) of respondents were able to get an appointment or speak to someone when necessary; 80% of respondents said they were satisfied with opening hours (compared to the national average of 79%). The practice also scored highly on the ease of getting through on the telephone to make an appointment (88% of patients said this was easy or very easy, compared to the national average of 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. However, the contact details for the Parliamentary and Health Service Ombudsman (PHSO) had not always been included in the complainant response letters. Learning from complaints was shared with staff.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The managers encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff.
- The practice proactively sought feedback from staff and patients, which they acted on. There was an active patient participation group.

**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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Clinicians worked closely with two local services; the Vulnerable Adults Wrap Around Service and the Advanced Nurse Practitioner Emergency Readmission Avoidance teams. Two advanced nurse practitioners worked throughout the Seaham area to carry out proactive home visits, including nursing homes to help manage long term conditions and prevent unnecessary admissions to secondary care services.
- The practice was responsive to the needs of older patients, and offered home visits by practice GPs and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice scored relatively well in the Quality and Outcomes Framework (QOF). This rewards practices for managing some of the most common long term conditions. For example, performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally), although performance for diabetes related indicators was below the national average (87.2% compared to 89.9% nationally). Action had been taken over the past year to improve performance and practice data (unverified) showed that the practice had achieved an overall QOF score of 96.5% for 2016/2017.

# Summary of findings

- QOF exception rates were below average (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 followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was 79.5%, which was slightly below the clinical commissioning group (CCG) average of 82.8% and the national average of 81.5%.

Good



## 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).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Monday between 6pm and 8.30pm for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including homeless people and those with a learning disability.
- A buddy system had been introduced; this provided patients who may have communication difficulties with a named person at the practice who they could call and speak to, for example, when ordering repeat prescriptions.
- The practice held the contract for providing services to violent patients throughout the clinical commissioning group (CCG). Arrangements had been made to train staff so the practice could meet the patients' needs.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment; 65 patients (1.4% of the practice list) had been identified as carers.

Good



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

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

Good





# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 84.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 83.8%.
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 97.2%, compared to the national average of 88.7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in July 2016 showed the practice was performing above local and national averages. There were 97 responses (from 298 sent out); a response rate of 33%. This represented 2.1% of the practice's patient list. Of those who responded:

- 88% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 90% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 90% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 84% and a national average of 85%.
- 96% said the last appointment they got was convenient, compared with a CCG average of 95% and a national average of 92%.
- 61% felt they don't normally have to wait too long to be seen, compared with a CCG average of 64% and a national average of 58%.

However, patients did not respond as positively to questions about their overall experience or involvement in planning and making decisions about their care and treatment. For example, of those who responded:

- 78% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 87% and a national average of 85%.

- 71% said the GP was good at listening to them, compared to the CCG average of 90% and the national average of 89%.
- 69% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 68% said the last GP they saw was good at involving them in making decisions about their care and treatment, compared to the CCG average of 85% and the national average of 82%.

We spoke with six patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 CQC comment cards; of which the vast majority were positive about the standard of care received.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system, although some said they had to wait too long for an appointment.

## Areas for improvement

### Action the service **SHOULD** take to improve

Take steps to record the distribution of pre-printed prescription form stock within the practice.

Take action to provide Mental Capacity Act training for relevant staff.

Review the letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

# Deneside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Deneside Medical Centre

Deneside Medical Centre provides care and treatment to around 4,700 patients in the town of Seaham, County Durham. The practice is part of Durham Dales, Easington and Sedgefield clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

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

- The Avenue, Seaham, County Durham, SR7 8LF.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are as follows:

- 8am to 8.30pm every Monday
- 8am to 6pm Tuesday to Friday.

Patients can book appointments in person, on-line or by telephone. Telephones at the practice are answered from 8am until 6.30pm on Mondays and between 8am and 6pm Tuesday to Friday. Outside of these times a message on the telephone answering system transfers patients to the out of hours service.

Appointments with GPs are available at the following times:

- Monday – 9.10am to 12pm; from 1pm to 4pm; then from 6pm to 8.30pm
- Tuesday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm
- Wednesday – 8.45am to 12.05pm; then from 2.30pm to 5.20pm
- Thursday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm
- Friday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and the local GP federation.

The practice has:

- one GP (male)
- two nurse practitioners and one practice nurse (all female),
- two healthcare assistants,
- a practice manager, and
- seven staff who carry out reception and administrative duties.

The age profile of the practice population is in line with the CCG averages, but is made up of a slightly higher than average proportion of patients over the age 75 (10.6% compared to the national average of 8.7%). Information taken from Public Health England placed the area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 27 April 2017. During our visit we:

- Spoke with a range of staff (the GP, nurse practitioners, clinical pharmacist, practice manager, assistant practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 living with dementia).

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 that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following one incident a new system to record documents received into the practice had been implemented.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety, which included:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. The GP and the nurse practitioners were trained to child safeguarding level three.

- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal), although there was an area where improvements should be made.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).

## Are services safe?

- Some medicines are required to be stored in refrigerators; records of current, minimum and maximum temperatures were held; this ensured that appropriate temperatures had always been maintained.
- Prescription pads were securely stored but the systems in place to monitor their use were not satisfactory. Records of serial numbers were maintained on receipt into the practice but not when they were distributed to clinicians. This is contrary to guidance from NHS Protect which advises that a record is kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when (date/time) and to whom the prescriptions have been distributed.

We reviewed the personnel files of three staff members and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had up to date fire risk assessments and regular fire drills were carried out.
- All electrical equipment and clinical equipment was checked and calibrated, where necessary, to ensure it was safe to use and was in good working order.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as

control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator and oxygen with adult and children's masks. There were also first aid kits and accident books available.
- Emergency medicines were easily accessible to staff in secure areas of the surgery and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.
- Regular clinical, educational and multi-disciplinary team meetings were held, which were an opportunity for staff to discuss clinical issues and patients whose needs were causing concern.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The latest publicly available data from 2015/16 showed the practice had achieved 93.9% of the total number of points available, which was below the England average of 95.4% and the local clinical commissioning group (CCG) average of 97.5%.

At 7.7%, the clinical exception reporting rate was below the England and CCG averages of 9.8% and 9.5% respectively (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

This practice was an outlier for two QOF clinical indicators. Data showed:

- Performance for heart failure related indicators was below the national average (84.3% compared to 98.1% nationally). For example, in those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who were

currently treated with an ACE-I or ARB was 81.8%, compared to the national average of 99.2%. However, the exception rate was nil, compared to the national average of 14.6%.

- Performance for hypertension related indicators was below the national average (79.3% compared to 97.4% nationally). For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 70.6%, compared to the national average of 82.9%.

Action had been taken over the past year to improve performance and practice data (unverified) showed that the practice had achieved an overall QOF score of 96.5% for 2016/2017, including all of the points for heart related indicators and 85.6% of the points for hypertension related indicators.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored. This included an audit of prescribing medicines for patients with urinary tract infections (UTIs).
- The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR), to look at trends and compare performance with other practices. They engaged with the CCG to support the reduction of unnecessary antibiotic prescribing. Steps had been taken, including targeted training for clinicians and the practice had achieved all of their targets set by the CCG.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act (MCA) 2005, although it was not clear whether all clinical staff had received appropriate MCA training.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those with a mental health condition or learning disability.
- Dietary advice was available where necessary and smoking cessation support was available on the premises.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG averages. For example, rates for the vaccinations given to under two year olds ranged from 98% to 100% (compared to the CCG averages of between 96.2% and 98.9%). Rates for five year olds ranged from 97.8% to 100% (compared to the CCG averages of between 96.9% and 99.2%).

The practice's uptake for the cervical screening programme was 79.5%, which was slightly below the CCG average of 82.8% and the national average of 81.5%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test, and the practice had engaged with a local specialist nurse who had arranged some additional sessions for patients who had not previously attended the practice. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.



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

cancer. At 75.6% the percentage of female patients aged between 50 and 70 who had been screened for breast cancer within the past 36 months was in line with the CCG average of 75% and above the national average of 72.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex; although the lead GP was male; several of the locum GPs were female and there were two female nurse practitioners.

The vast majority of the 37 patient CQC comment cards we received were positive about the care provided by the practice. We spoke with six patients during our inspection, including one member of the patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in July 2016, showed most patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice satisfaction scores on consultations with nurses were in line with comparators, but one of the scores in relation to consultations with GPs was below average. For example, of those who responded:

- 94% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 72% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, the same as the CCG average but slightly above the national average of 97%.

- 92% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 94% and the national average of 91%.
- 90% said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

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

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

Results from the July 2016 National GP Patient Survey we reviewed showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results for nurses were in line with comparators but scores in relation to the GPs were below average. For example, of those who responded:

- 71% said the GP was good at listening to them, compared to the CCG average of 90% and the national average of 89%.
- 69% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 72% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and the national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 82%.
- 92% said the last nurse they spoke to was good listening to them, compared to the CCG average of 94% and the national average of 91%.
- 91% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 93% said the nurse was good at explaining tests and treatments, the same as the CCG average and above the national average of 90%.

## Are services caring?

Managers were aware of these results; they said there had been changes in GPs since the time the data was collected and recent patient feedback was more positive.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Notices and patient information leaflets were available in the patient waiting room; these told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 65 patients (1.4% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice worked closely with a local carers support group; the group visited the practice four times a year to promote support services and encourage carers to register themselves.

Staff told us that if families had suffered bereavement, the GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood the local population profile and had used this understanding to meet the needs of their population. For example;

- The practice offered extended hours on a Monday evening until 8.30pm for patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, hearing loop and translation services available.
- Patients could order repeat prescriptions and book GP appointments online.
- A buddy system had been introduced; this provided patients who may have communication difficulties with a named person at the practice who they could call and speak to, for example, when ordering repeat prescriptions.
- The practice held the contract for providing services to violent patients throughout the clinical commissioning group (CCG). Arrangements had been made to train staff so the practice could meet the patients' needs.
- Clinicians worked closely with two local services; the Vulnerable Adults Wrap Around Service (VAWAS) and the Advanced Nurse Practitioner Emergency Readmission Avoidance (ANPERA) teams. Two advanced nurse practitioners worked throughout the Seaham area to carry out proactive home visits, including nursing homes to help manage long term conditions and prevent unnecessary admissions to secondary care services.

### Access to the service

The practice was open between 8am and 8.30pm on Mondays then between 8am and 6pm Tuesday to Friday. Appointments were available at the following times:

- Monday – 9.10am to 12pm; from 1pm to 4pm; then from 6pm to 8.30pm

- Tuesday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm
- Wednesday – 8.45am to 12.05pm; then from 2.30pm to 5.20pm
- Thursday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm
- Friday – 8.45am to 12.05pm; then from 2.30pm to 5.10pm.

Extended hours surgeries were offered between 6pm and 8.30pm every Monday. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 90% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 84% and a national average of 85%.
- 80% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 76%.
- 88% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 77% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 69% and the national average of 65%.

Most patients we spoke with were able to get appointments when they needed them. Some told us it was not always convenient if you could not book more than a week in advance. This system had been introduced in an attempt to reduce the number of non-attendances (this had decreased from 10% to 9% in the previous 12 months). Managers told us they were aware that this was a concern and had recently introduced a workaround whereby if a clinician wanted to recall a patient longer than a week away then they could override the system to book such an appointment. The practice was also in the process of carrying out a demand and capacity review; with the aim of improving access to appointments at the surgery.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. It was clear staff had responded promptly to the patient's concerns and treated the issues they raised seriously. However, the contact details for the Parliamentary and Health Service Ombudsman (PHSO) had not always been included in the complainant response letters.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about staff attitude; staff received further training on communication methods.

# 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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement, this was; “We will constantly strive to improve patient care, increase practice team awareness to all patients' needs that are listed with the practice and we aim daily to upgrade our approach, attitude and systems, always working to improve patient care”.
- Staff knew and understood the practice's values.
- The practice had a supporting business plan which reflected the vision and values and was regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and processes:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were regularly reviewed and updated where necessary.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly; these provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence that lessons learned from complaints and significant events were shared with relevant staff.

### Leadership, openness and transparency

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. Managers encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported.
- Staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a high level of staff satisfaction and staff spoke highly of the culture at the practice.
- There was a schedule of regular business, clinical, educational and multi-disciplinary team meetings which included discussions about palliative care, high risk and vulnerable patients.

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

The practice encouraged and valued feedback from patients and staff. They proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements to the chairs in the waiting room were made after the PPG had raised concerns.
- Patients through the NHS Friends and Family test.

# Are services well-led?

Good 

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

- Staff through team meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- A number of long standing staff had retired over the previous year. Managers had the opportunity to employ new staff, including an apprentice and a clinical pharmacist, and ensure their skills matched the practice's needs.
- The practice was in the process of carrying out a demand and capacity review; with the aim of improving access to appointments at the surgery.
- Previous survey results had shown that patients perceived they waited too long to be called in for their appointment. Managers had reviewed this and had introduced breaks in between clinics as part of the staff rota to allow them to catch up if they were running late.