

# West Rainton Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

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 West Rainton Surgery on 17 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment although not always with their choice of GP. There were urgent and appointments available the same day for GPs and Nurses, and in 2 days for routine appointments with GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

We saw some areas of outstanding practice;

- The practice offered dermatology treatment from one of GPs who had completed further training. On audit this had reduced referrals to secondary care in the last year by 26%.

# Summary of findings

- The practice offered a free medicine delivery service for frail, elderly and isolated patients and employed someone to do this.

**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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training was planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Good



### 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 England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they would always be seen if they needed an appointment. Urgent appointments were available the same day. Routine appointments were available in two days. The practice had good facilities and was well equipped to treat patients and meet

Good



# Summary of findings

their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff knew 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 on. The practice did not have a Patient Participation Group (PPG) but were in the process of recruiting interested patients. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Pro-active home visits were made to frail elderly patients by the Practice Nurse as part of the 'Improving Outcomes' scheme in conjunction with the CCG. The practice offered dermatology treatment as one of the GPs had completed extra training in this area; this meant that patients could be treated closer to home.

The practice offered a free medicine delivery service for frail, elderly and isolated patients and employed someone to do this.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. Patients were seen in multidisciplinary clinics with a podiatrist, nurse and dietician. Diabetic patients could be seen in the practice instead of in secondary care if they needed insulin initiation due to extra training staff had undertaken.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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. We saw good examples of joint working with midwives, health visitors and school nurses. Appointments for children were always available as needed.

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 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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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. They had carried out annual health checks for people with a learning disability.

The practice held a register of patients living in vulnerable circumstances including patients who were from the travelling community. We were told that this group of patients were always seen if they attended the practice.

The practice regularly worked 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 normal working hours and out of hours.

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). 92.5% of people with dementia had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 128 responses from a survey of 304 forms which represented a response rate of 42.1%. This equates to slightly more than 2% of the practice list size.

The practice scored higher than average in terms of patients being able to speak to or see a preferred GP. For example:

- 79% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 60%
- 93% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 85% and a national average of 81%
- 83% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%

However; results indicated the practice could perform better in certain aspects of care, including satisfaction with opening times and waiting times. For example:

- 55% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%
- 68% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 77% and a national average of 75%
- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards and spoke with 10 patients. All of these were positive about the standard of care received, however 13 had mixed responses and this was in relation to appointments not running on time and wanting the appointment system to be more flexible. This was also reflected in the patient survey. Patients told us they found the staff friendly and professional. Staff were described as polite, helpful and caring. Patients stated they felt listened to by the GPs and nurses. Some patients commented on the lack of car parking spaces.



# West Rainton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, two CQC Pharmacy Inspectors, a Practice Nurse specialist advisor and an Expert by Experience.

### Background to West Rainton Surgery

West Rainton surgery is a purpose built GP premises in West Rainton, a village in County Durham. They have a General Medical Services (GMS) contract and also offer enhanced services for example; extended hours. The practice is a dispensing practice. The practice covers the villages of West and East Rainton, Houghton-le-Spring, Hetton-le-Hole, Easington Lane, Belmont, Carrville and several small villages to the south east of Durham. There are 5670 patients on the practice list and the majority of patients are of White British background. There is a council run Traveller's site in the village and a small number of the practice population are from the Travelling Community.

The practice is a partnership with three partners. There is one salaried GP and the practice are trying to recruit another GP following the emigration of another partner in January. There is one Nurse Practitioner, one chronic disease management Nurse, one treatment room Nurse, and two Health Care assistants. There is a Practice Manager, a Finance Manager and reception, dispensing and administration staff. The practice also employ two cleaners

and a handyman/delivery driver. There is a Pharmacist attached to the practice who is employed as part of the 'Quality Improvement Scheme' in conjunction with the CCG.

The practice is open between 8am and 6pm Mondays to Fridays and has extended hours from 6pm to 8pm on Tuesdays.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services user the Care Act 2014.

### How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

# Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England.

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 17 November 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This is an electronic reporting system which allows the practice to collate information easily.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example of this was when a patient was seen at the Ophthalmology department of a local hospital and there was a delay in communication regarding treatment needed. The practice contacted the patient to ensure they were seen within the correct timescale and contacted the optometrist outlining concerns and suggesting that future urgent requests are faxed and rang in to the surgery. Staff were informed that they need to be vigilant when reviewing referrals to make sure they read each letter to identify those that require action that day. The practice also shared lessons learnt with the Local Optical Committee and ophthalmology services at the local eye infirmary.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and they had completed level 3 safeguarding training for children. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These 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.
- There were procedures in place for 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 was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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. A recent infection control audit had highlighted the need for a new clinical waste bin in one of the treatment rooms and this had been provided. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use.

## Are services safe?

- Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. Staff involved in the dispensing process had received appropriate training.
- Prescription pads were securely stored however the systems in place to monitor their use were not robust as a record of serial numbers was not kept.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. For those prescriptions not signed before they were dispensed they were able to demonstrate these were risk assessed and a process was followed to minimise risk.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Recruitment checks were carried out and two files we sampled showed 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 checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who were diabetic. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice monitored the process for seeking consent by records audits. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A counsellor, chiropodist and dietician were available on the premises as the practice made a room available for them.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 98% to 100% and five year olds from 95% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Opportunistic screening was done in order to diagnose diabetes and provide early intervention. One of the GPs and a Practice Nurse had done extra training in diabetes management

and they were able to initiate insulin therapy. These patients were able to access this care closer to home rather than needing to visit the hospital clinics. The practice had recognised that there had been a problem with the recall system for diabetic patients and 67 patients had not received their annual review on time. A new system had been put place to help ensure these patients were seen as quickly as possible. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans.

The practice had invested in a software system that enabled them to identify the prevalence of chronic disease, therefore enabling these patients to be identified earlier and assessed and treated.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All 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 help ensure that they understood, planned and met patient's complex needs. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.4% of the total number of points available. Data from 2014 – 2015 showed;

# Are services effective?

## (for example, treatment is effective)

- Performance for diabetes related indicators was comparable with the CCG and national averages. For example,

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 75.9% which was 1.7% above the CCG and 7.5% above national average. The exception rate for these patients was below CCG and national averages at 3.6% and clinical prevalence was higher than both CCG and national average.

- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG average and comparable with the national average. 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 81.1% which was 1.7% below the CCG average but 0.7% above the national average. The exception rate for these patients was below CCG and national averages at 2% and the clinical prevalence was higher than both CCG and national averages.
- Performance for mental health related indicators were higher than the CCG and national averages. 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, agreed between individuals, their family and/or carers as appropriate was 84.6% which was 4.1% above the CCG average and 7.4% above the national average. The exception rate for these patients was below CCG and national averages at 0% and the clinical prevalence was comparable to both CCG and national averages.

- The percentage of patients aged 50 to 74, with a fragility fracture on or after 1 April 2012, with osteoporosis, who were treated with an appropriate bone-sparing agent was above the CCG and national averages. For example,

The percentage of patients aged 50 or over and who had not attained the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis was confirmed on DXA scan, who were currently treated with an appropriate bone-sparing agent was 100% which was

17.3% above the CCG average and 17.2% above the national average. The exception rate for these patients was 0% which was below CCG and national averages and the clinical prevalence was comparable to both CCG and national averages.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the CCG and national averages. For example,

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90.2% which was 12.4% above the CCG average and 13.2% above the national average. The exception rate for these patients was 2.4% which was below CCG and national averages and the clinical prevalence was comparable to both CCG and national averages.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. There had been three clinical audits completed in the last two years that were second cycle audits. Two of the audits related to diabetic and bariatric medication. Findings were used by the practice to improve services. An example of this was that the practice had identified that a medicine used in diabetes could cause development or worsening of sight threatening diabetic maculopathy and they had identified any patients on this treatment and now monitored them.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

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

coaching and mentoring and clinical supervision. There was facilitation and support for the revalidation of doctors. Not all staff had had an appraisal within the last 12 months; however plans were in place to rectify this.

Staff received training; this included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. A hearing loop had been ordered for patients with hearing difficulties. We were told staff were aware of the patients who were visually impaired and these patients had an alert on their records so that staff could support them. There was disabled access in the building, but there was no disabled toilet. The practice had applied for a grant to enable them to either provide a new building or make improvements to the existing one.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Chaperone information was available in the waiting room. Chaperones were offered to patients and all staff who acted as chaperones had received training.

The practice told us that they could provide a private room away from the reception area to ensure confidentiality and this was available to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 44 patient CQC comment cards we received were positive about the service experienced, 13 had mixed responses relating to waiting times and lack of parking facilities. The practice was addressing this by a recruitment campaign for a new GP partner and the bid for a grant to improve their facilities. Patients said they felt the practice offered a good service and facilities and staff were helpful, friendly, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us they were listened to and not rushed in and out. The practice told us they were in the process of setting up a Patient Participation Group (PPG).

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and this was with compassion, dignity and respect. The practice was in line or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

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

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

In addition, results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language.



## Are services caring?

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

The practice had a carers' register and patients identified as a carer were sent a pack with local support information. Carers were offered a health check and flu vaccination.

Bereavement support information was available in the waiting room and we were told that bereavement telephone calls were made by the GPs. Information regarding support for patients experiencing mental health issues was available in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. As part of this scheme the practice had employed a pharmacist to assist with complex discharge medications and patients with complex drug regimes. One of the Practice Nurse's made home visits to frail elderly patients in order to help prevent unplanned admissions to secondary care.

The practice had contacted patients with emails and texts to try to recruit new members to the PPG. The most recent Friends and Family test (whereby patients indicate how likely they would be to recommend the practice to friends or family) was that 86% were extremely likely and 8% were likely to recommend the practice.

Services were planned and delivered to take into account the needs of different patient groups which gave flexibility, choice and continuity of care. For example;

- Longer appointments were available to patients who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- Translation services were available.
- One of the GPs had received extra training in dermatology and the practice had invested in equipment to enable them to treat patients without the need to refer them to secondary care. This had reduced referrals to dermatology by 26%.
- One of the Practice Nurses had completed extra training in family planning and patients were able to book in to see her any time including during the extended hours on a Tuesday evening. These patients did not have to travel to access family planning services that were further away.

- One of the GPs and a Practice Nurse had completed extra training in diabetes and therefore patients could be seen at the practice instead of in secondary care if they needed insulin initiation.
- The practice had employed someone to provide a delivery service for patients requiring medication from the dispensary.

### Access to the service

The practice at West Rainton was open between 8am and 6pm on Monday to Friday, with extended hours to 8pm on Tuesdays. Pre-bookable appointments were available. Urgent appointments were also available each day. Telephone consultations were available each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower or comparable with local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 74%.

### Listening and learning from concerns and complaints

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

Information was available to help patients understand the complaints system.

We looked at 14 complaints received in the last 12 months and found that they had been satisfactorily handled in a timely way. The practice demonstrated openness and transparency in dealing with the complaints.

# 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, accessible care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and business plan.

### Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.

- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff were supported in appraisal schemes and continuing professional development. All staff had learnt from incidents and complaints.
- The practice had protected learning time for the whole team for one afternoon each month.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through surveys and complaints received. The practice was in the process of recruiting members to the PPG.

Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture.