

Drs Abbott, Patel & Uehlein

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out this comprehensive inspection on 14 December 2015.

Overall, we rated this practice as good.

Specifically, we found the practice to require improvement for providing safe services. The practice was good for providing effective, caring and responsive services, and for being well led.

Our key findings were as follows:

- The practice provided a good standard of care, led by current best practice guidelines.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. There was a well-developed training and personal development culture within the practice.
- We found some incidents within the practice were recorded inconsistently. It was not possible to fully verify that recording, monitoring and reviewing

activity was accurate. It was not always possible to tell what actions had been taken, who was responsible for these, and what the eventual outcomes were.

- Some risks to patients had not had a full or up to date assessment, and other risks had not been kept under review.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice actively reviewed their performance in the management of long term conditions, and was proactive in offering review and screening services. The practice had tailored how clinics were run and staff skill mix, to improve the patient's journey in the management of long-term conditions.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

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

The provider should:

- Ensure that learning from incidents and complaints is fully recorded and cascaded to maximise learning opportunities.
- Ensure systems are in place to regularly review and update risk assessments to mitigate the risks to patients, staff and visitors to the practice.

- Ensure processes are in place for daily temperature monitoring of medicines fridges in the event of staff sickness or other absence.
- Improve the programme of clinical audit such that completed audits able to demonstrate a change in patient outcome are available.

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 requires improvement for providing safe services. Staff understood the procedures for reporting incidents and felt encouraged to do so. However, we found incidents within the practice were recorded inconsistently and in different places. For instance some complaints had not been subsequently viewed as significant events, and some significant events had been recorded in team meeting minutes, but not in the overall record of significant events. There was also some confusion around what constituted a significant event. Due to this, it was not possible to fully verify that recording, monitoring and reviewing activity was accurate. Some lessons were learned from incidents, although from records it was not always possible to tell what actions had been taken, who was responsible for these, and what the eventual outcomes were.

The practice had assessed some risks to those using or working at the practice but had not always completed required actions from these or kept these under review. The practice had sufficient processes in place to keep people safeguarded from abuse, and staff were able to describe how they would react to suspected abuse. However, we were unable to confirm that all staff had received training relevant to their role, as the provider was unable to supply copies of recent safeguarding training certificates when requested. There were sufficient emergency procedures in place to respond appropriately to medical emergencies in the practice. There were sufficient numbers of staff with an appropriate skill mix.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice achieved high results for the Quality and Outcomes Framework (QOF), a system intended to improve the quality of general practice and reward good practice. In 2013-14 the practice achieved 100% of the total number of points available, above the England average of 94.2%, and achieved 99.8% for the year 2014-15.

Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice was proactive in promotion of good health and patient involvement. Patients with some long term conditions were given individual care or management plans and staff communicated within multi-disciplinary teams to manage complex conditions. The practice was unable to supply us with any completed clinical audits to demonstrate an improvement in patient outcomes. Staff were supported within their roles to develop their skills.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was positive. We observed a patient-centred culture and staff promoted this as the ethos of the practice. Staff were motivated and inspired to offer kind and compassionate care. In patient surveys, the practice scores were around average compared to local and national survey results. Patients said they were treated with care and concern.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had a good overview of the needs of their local population, and was proactive in engaging with the Clinical Commissioning Group (CCG) to secure service improvements. The practice had sufficient facilities and was well equipped to meet patients' need. Information was provided to help patients make a complaint, and there was evidence of shared learning with staff. The practice scored around local and national averages in patient surveys for how easily patients could access the service. We did receive a minority of negative feedback around access to a GP of choice on the day of inspection, although the majority of feedback was positive around access to the service.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had a forward plan to work to with aims and objectives. The practice had an active Patient Participation Group (PPG) and was able to evidence where changes had been made as a result of PPG and staff feedback. Staff described the management team as available and approachable, and said they felt highly supported in their roles. The practice had a number of policies and procedures to govern activity and held regular staff and management meetings. There were systems in place to monitor and improve quality and identify risk, although these were not always kept under review or updated sufficiently.

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. The practice held palliative care and multi-disciplinary meetings regularly to discuss those with chronic conditions or approaching end of life care. These patients were given priority access for appointments. Care plans had been produced for those patients deemed at most risk of an unplanned admission to hospital. Information was shared with other services, such as out of hours services and district nurses. Nationally returned data from the Quality and Outcomes Framework (QOF) showed the practice had good outcomes for conditions commonly found in older people. The over 75's had a named GP.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. People with conditions such as diabetes attended regular clinics to ensure their conditions were monitored, and were given individualised management plans. Nurses and GPs worked collaboratively. Attempts were made to contact non-attenders to ensure they had appropriate routine health checks. Data showed the practice was proactive in managing long term conditions. For instance, in QOF data from 2014-15 diabetes indicators were all around national averages. For instance the percentage of patients having a cholesterol check in the previous 12 months was 88.3%, above the national average of 81.6%.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place to identify children who may be at risk. The practice monitored levels of children's vaccinations and attendances at A&E. Regular multidisciplinary meetings were held to review children on the safeguarding register. Immunisation rates were around or above average for all standard childhood immunisations. Patients could access weekly well baby and antenatal clinics run jointly by a health visitor and a GP.

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). The needs of the

Good



Summary of findings

working population had been identified, and services adjusted and reviewed accordingly, for instance extended hours appointments were available later in the evenings, or patients could also access a Saturday morning surgery. Patients could access a variety of services during these times. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Telephone appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical cancer.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. Patients or their carers were able to request longer appointments if needed, with carer health checks and advocacy support. The practice had a register for looked after or otherwise vulnerable children and also discussed regularly any cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support, for instance if they were a carer. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns.

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). The practice made referrals to other local mental health services as required. Patients with severe mental health issues were coded on their records so they could be offered extra support and yearly health checks.

QOF data showed the percentage of patients with some mental health conditions such as schizophrenia, who had a comprehensive agreed care plan was 100%, in both previous years, above the national average of 88.47%. The percentage of patients with dementia whose care had been reviewed within the last 12 months was below the national average of 84.01%, at 76.19%, in 2013-14, however this improved to 100% in 2014-15.

Good



Summary of findings

What people who use the service say

The latest NHS England GP Patient Survey of 115 responses showed the following:

What this practice does best

The latest NHS England GP Patient Survey of 115 responses showed the following:

What this practice does best

- 96% of respondents found it easy to get through to this surgery by phone

Local (CCG) average: 80% National average: 73%

- 86% of respondents usually waited 15 minutes or less after their appointment time to be seen

Local (CCG) average: 70% National average: 65%

- 89% of respondents described their experience of making an appointment as good

Local (CCG) average: 80% National average: 73%

What this practice could improve

- 73% of respondents would recommend this surgery to someone new to the area

Local (CCG) average: 83% National average: 78%

- 53% of respondents with a preferred GP usually got to see or speak to that GP

Local (CCG) average: 62% National average: 60%

- 85% of respondents said the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

We spoke with two members of the Patient Participation Group (PPG) and seven patients as part of the inspection. We also collected 27 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and given sufficient time during appointments. Patients said that staff were pleasant and friendly. Patients said they were confident with the care provided, and were involved in their treatment options. A minority of negative feedback was received regarding access to appointments, and access to their GP of choice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that learning from incident and complaints is fully recorded and cascaded to maximise learning opportunities.
- Ensure systems are in place to regularly review and update risk assessments to mitigate the risks to patients, staff and visitors to the practice.
- Ensure processes are in place for daily temperature monitoring of medicines fridges in the event of staff sickness or other absence.
- Improve the programme of clinical audit such that completed audits able to demonstrate a change in patient outcome are available.

Drs Abbott, Patel & Uehlein

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 specialist advisor GP, and a Practice Manager.

Background to Drs Abbott, Patel & Uehlein

The practice of Drs Abbott, Patel & Uehlein consists of three partner GPs. The practice provides general medical services (GMS) to approximately 5,100 patients in the catchment area of Shotton Colliery and surrounding villages. This is the Durham Dales, Easington and Sedgfield Clinical Commissioning Group (CCG) area. There are also two branch surgeries at nearby Haswell Surgery, Haswell, and the Health Centre, Peterlee, which were not visited as part of this inspection.

There is a nursing team of four, and a healthcare assistant. These are supported by a practice manager, and a team of reception, and administrative staff. The practice is open between 8am and 6pm on Monday to Friday, and stays open later until 8pm on Mondays. Patients can also access Saturday morning appointments at Peterlee health centre from 8am until 12pm.

The practice has higher levels of deprivation compared to the England average. There are higher levels of people with daily health problems, caring responsibilities, and claiming disability living allowance. The practice has opted out of providing Out of Hours services, which patients access via the 111 service.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with two members of the Patient Participation Group.

We carried out an announced inspection on 14 December 2015.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative, dispensing and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning from incidents

Staff understood the procedures for reporting incidents and felt encouraged to do so. However, we found some incidents within the practice were recorded inconsistently and in different places. For instance some complaints had not been subsequently viewed as significant events, and some significant events had been recorded in team meeting minutes, but not in the overall record of significant events. There was also some confusion around what constituted a significant event. Due to this, it was not possible to fully verify that recording, monitoring and reviewing activity was accurate.

We looked at recorded summaries and analysis of incidents from the previous 12 months. We saw where incidents had been discussed and reviewed in team meetings, and some learning points documented. However it was not always clear whether action had been taken, who was responsible for any action, what the eventual outcomes were, and whether all incidents had been fully reflected upon.

Safe systems and processes including safeguarding

We reviewed systems, processes and practices the practice had in place to keep people safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for children's and adult's safeguarding. The practice participated in joint working arrangements and information sharing with other relevant organisations including health visitors and the local authority. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. Computerised patient notes were coded to flag up safeguarding concerns. However, although staff demonstrated they understood their responsibilities we were unable to confirm that all staff had received up to date training relevant to their role, as the provider was unable to supply copies of recent safeguarding training certificates when requested.

- A notice in the waiting room advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role, although some staff said they were overdue for update training, and we were unable to confirm this as the practice could not provide the latest certificates on request.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits and monthly spot checks were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing and security). We did observe some previous incomplete temperature monitoring records, when the regular recorders had been absent or sick. This meant that the practice could not fully demonstrate their medicines management systems had kept patients safe over the long term. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed three personnel files and found that (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).

Monitoring risks to patients

- We found that equipment such as scales, fridges, and spirometers, were checked and calibrated yearly by an external company. Contracts were in place for checks of fire extinguishers, and portable appliance testing had been carried out.
- There were some written risk assessments in place to monitor and manage risks to patient and staff safety. However some of these had not been reviewed since 2012. For instance a slips, trips and falls assessment for each room referred to some corrective actions, however we could not ascertain whether these had ever been carried out, as the risk assessment had not been revisited. A legionella risk assessment carried out in June 2015 detailed some actions arising, such as the creation of a water management policy, but these had

Are services safe?

not yet been completed. Similarly, a fire risk assessment in June 2015 flagged up actions which had not been completed, although a subsequent visit from the Fire and Rescue Service did confirm that the premises were broadly compliant with fire safety legislation.

- The practice was engaged in a project to review and update health and safety policies and procedures; however at the time of our visit many of these still required reviewing and updating.
- 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. Staff said their team levels were sufficient to provide services and cover for annual leave or busy periods.

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 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, all of which was checked and serviced regularly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility companies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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 peoples' needs. A GP NICE guidance lead disseminated information through weekly clinical meetings and ensured staff were aware of information relevant to them.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 practice achieved high results for QOF. In 2013-14 the practice achieved 100% of the total number of points available, above the England average of 94.2%, and achieved 99.8% for the year 2014-15.

Data showed;

- The percentage of patients receiving flu vacs was slightly above national averages for 2013/14. For instance 75.9% of patients over 65 had received the vaccination compared to the national average of 73.24%. 52.86% of patients in defined risk groups had received the vaccination compared to the national average of 50.44%.
- Diabetes indicators were all around national averages. For instance the percentage of patients having a cholesterol check was 86.72% in 2013-14, and 88.3% in 2014-15, above the national average of 81.6%.
- The percentage of patients with some mental health conditions such as schizophrenia, who had a comprehensive agreed care plan was 100%, in both previous years, above the national average of 88.47%.

- The percentage of patients with dementia whose care had been reviewed within the last 12 months was below the national average of 84.01%, at 76.19%, in 2013-14, however this improved to 100% in 2014-15.

The practice participated in applicable local audits, and national benchmarking. The practice produced two clinical audits that had been requested from the CCG, around antibiotic prescribing and anticoagulant drugs. Although action plans had been produced we were not provided with the original audit information or completion dates for the action plans. These subjects had not yet been re-audited to gauge improvement therefore we were unable to ascertain whether there had been any impact on patient outcomes. On requesting further information, we were supplied with some details around upcoming audits, such as a review of patient satisfaction in their long term condition management. However the practice were unable to supply us with any completed audits to demonstrate an improvement in patient outcome.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date. The practice reviewed all new cancer diagnoses as significant events and assessed whether these patient's diagnosis and care could have been improved and whether there were any learning points.

Nursing staff implemented long-term condition clinics flexibly, with patients able to attend a longer appointment or see multiple members of staff in conjunction to discuss their needs. Patients were given individual management plans for their condition. The practice was carrying out an audit on patient satisfaction for how their long term condition was managed and how easy clinics were to access.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members which included the opportunity to shadow a mentor.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received basic training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training, and further role specific training.

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 plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice computer system allowed other care providers such as out of hours services and urgent care centres to access and share basic patient information to help ensure continuity of care.

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 are discharged from hospital. We saw evidence that

multi-disciplinary team meetings took place on a regular basis, where people with long term conditions and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood and had been trained in the relevant consent and decision-making requirements of legislation and guidance. Staff had an awareness of the Mental Capacity Act 2005, although had not received specific training on this. Consent issues and awareness had been covered within other topics such as safeguarding.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. Patients were then signposted to the relevant service.
- Immunisation rates were around or above average for all standard childhood immunisations. Patients could access well baby and antenatal clinics.
- The practice's uptake for the cervical screening programme in 2014-15 was 98.96%, above the national average of 81.88%. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. 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

Respect, Dignity, Compassion & Empathy

In the latest NHS England GP Patient Survey of 115 responses, patient satisfaction was generally similar to or above local and national averages for instance:

- 85% said the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

- 85% said say the last GP they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 89% National average: 85%

- 87% said the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

We spoke with two members of the Patient Participation Group (PPG) and seven patients as part of the inspection. We also collected 27 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and given sufficient time during appointments. We were told that staff were pleasant and friendly. Patients said they were confident with the care provided, and were involved in their treatment options.

Doctors referred patients to local counselling, bereavement or mental health services as necessary. The practice kept registers of groups of patients such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided.

There was a room available where patients could request to speak with a receptionist in private if necessary. We observed that reception staff maintained confidentiality as far as possible. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were used in

treatment and consulting rooms to maintain patients' privacy and dignity during investigations and examinations. There was a chaperone policy and guidelines for staff, and information available on this in reception.

Care planning and involvement in decisions about care and treatment

The latest NHS England GP Patient Survey of 115 responses showed that patients were generally happy and how they were involved in their treatment. For instance:

- 88% said the last GP they saw or spoke to was good at explaining tests and treatments

Local (CCG) average: 89% National average: 86%

- 82% said the last GP they saw or spoke to was good at involving them in decisions about their care

Local (CCG) average: 85% National average: 82%

- 99% said the last nurse they saw or spoke to was good at listening to them

Local (CCG) average: 95% National average: 91%

The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care, and staff updated these to reflect latest guidance. Nursing staff provided examples of where they had discussed care planning and supported patients to make choices about their treatment, including referral to specialist staff. Patients were given management plans which they could take away with them to refer to before their next review appointment.

Patients we spoke to on the day of our inspection, and comment cards received, 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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us there was a translation service available for those whose first language was not English. There was a hearing loop at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting different people's needs

The practice worked with the local CCG to improve outcomes for patients in the area, and had recognised the needs of different groups in planning its services.

Telephone consultations, pre-bookable or extended hours appointments were available, to assist those who would otherwise struggle to access the surgery, for instance the working population. Children under the age of five, over 75s or patients deemed at high risk of a hospital admission had same day access to a GP. Longer appointments could be made available for those with complex needs.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The single storey building incorporated some features for people with disabilities, such as level access; however the front door was not automated and was very stiff such that some patients would have found it difficult to open. The practice was aware the automation on the door was not working but had not as yet repaired or replaced this.

Access to the service

Information was available to patients about appointments on the practice website and patient information leaflet, although the latter was not available in reception and had to be requested. Information included how to arrange urgent appointments and home visits and how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable, and 'on the day' appointments were available.

The practice was open between 8am and 6pm on Monday to Friday, and until 8pm on Mondays. Patients could also access Saturday morning appointments at Peterlee health centre from 8am until 12pm.

The latest NHS England GP Patient Survey of 115 showed high satisfaction rates for how easy patients found it to access services. For instance, the best three survey results in comparison to local and national averages were:

- 96% of respondents found it easy to get through to this surgery by phone

Local (CCG) average: 80% National average: 73%

- 86% of respondents usually waited 15 minutes or less after their appointment time to be seen

Local (CCG) average: 70% National average: 65%

- 89% of respondents described their experience of making an appointment as good

Local (CCG) average: 80% National average: 73%

We did receive a minority of negative feedback regarding access to appointments, and access to a GP of choice. This was reflected in lower satisfaction rates in the national survey, where 53% of respondents with a preferred GP usually got to see or speak to that GP, compared to the CCG average of 62%, and the national average of 60%.

The numbers of book on the day or pre-bookable appointments were adjusted according to predicted need. Staff numbers and required skill mix were planned in advance.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in reception.

We looked at a summary of complaints made in the last 12 months, and could see that these had been responded to with an explanation and apology where necessary. However the recording of complaints especially verbal complaints was at times inconsistent with no clear policy. PPG meeting minutes showed this had been raised as an issue with the practice. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

Are services well-led?

Good 

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

Our findings

Vision, Strategy and Culture

The practice had a forward plan, with short and long term aims. Staff were familiar with and engaged with the values and ethos of the practice. Staff we spoke with agreed that communication within their own teams and as a practice was good, and they formed a strong supportive environment, where people worked flexibly and supported one another.

Staff had individual objectives via their appraisal, such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional service. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these. Staff told us and we saw from minutes that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management.

Governance Arrangements and Improvement

Staff were clear on their roles and responsibilities, and felt competent and trained in their roles. The practice had a number of policies and procedures in place to govern activity, such as chaperone policy, infection control procedures and human resources policies, and these were available to staff via the shared computer system. Some policies we looked at had not been reviewed or updated, however the practice was midway through a piece of work

to review all these and ensure they were up to date. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve, and was proactive in using patient contact to promote additional screening or review services.

The practice had identified lead roles and deputies for areas such as, safeguarding, palliative care, and infection control. Some clinical audits were carried out, subjects selected from QOF outcomes, or from the CCG, however the practice was unable to provide us a completed example which showed a measurable improvement in outcomes for patients. The practice had arrangements for identifying, recording and managing risks, although these were not always reviewed and updated, and not all risks had been identified.

Practice seeks and acts on feedback from users, public and staff

Staff felt confident in raising concerns or feedback. There was an active Patient Participation Group (PPG). The practice carried out patient surveys which then highlighted areas for improvement in conjunction with the PPG. PPG members were able to give feedback and discuss patient survey results, or friends and family test results.

A PPG representative told us and we saw from minutes, that the practice asked them for feedback. We saw from minutes that the practice discussed with the PPG patient survey reports.