

# Woodview Medical Practice

## 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

We carried out an announced comprehensive inspection at Woodview Medical Practice on 28 July and 1 August 2016. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to get same day appointments however some patients told us it could be difficult to make appointments. GPs had 'personal lists' providing all patients with a named GP and continuity of care.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Importantly the provider should:

- Ensure that balance checks on controlled drugs were carried out at the frequency as detailed within current standard operating procedure.

# Summary of findings

- Ensure that a formal process to regularly check medicines were within their expiry date.

We saw one example of outstanding practice:

The practice also provided a teledermatology service (this is the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not). This provided care closer to home.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

We did however note that there was the need to improve aspects of dispensing and associated recording.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national survey 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. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said urgent appointments were available the same day. There was continuity of care.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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 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.
- 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- All elderly patients have a comprehensive six monthly review.
- The practice were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.3% above the local CCG average and 1.5% above the England average.
- Community Advanced Nurse Practitioners visit care homes each day on behalf of the practice to support the patients and staff to prevent inappropriate hospital admissions.

Good



### People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92. This was 5% above the local CCG and 4% above the England average.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 or who failed to attend hospital appointments.
- Immunisation rates were 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.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81%. This was 3% above the local CCG average and 7% above the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

- The practice has the 'Young Carers Charter'.
- The practice works closely with a local children's home. One GP and the practice nurse visited the children's home to display posters and raise to raise the children's awareness of the practice'.

## **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 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, 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 reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.

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.

Good



# Summary of findings

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

## 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).

- Nationally reported data from 2014/2015 showed 98% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 15% above the local CCG average and 14% above the England average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 89%. This was comparable to the local CCG average and the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- Dementia diagnosis rates are 118% of expected, above CCG and national averages.
- The Practice works with social prescribing groups such as the Dementia Advisor and the Dementia Café.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice had recently signed up to become 'dementia friends'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).

# 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 or similar to the local CCG and national averages. There were 213 survey forms distributed for Woodview Medical Practice and 108 forms were returned, representing 1% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared with the local CCG average of 79% and national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 84% and national average of 85%.
- 96% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 90% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 37 completed comment cards which were very positive about the standard of care received. We also received nine patient questionnaires that had been distributed during the inspection. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with three members of the Patient Participation Group and received e mails from three PRG members. They also confirmed that they had received very good care and attention and staff treated them with dignity and respect.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that balance checks on controlled drugs were carried out at the frequency as detailed within current standard operating procedure.
- Ensure that a formal process to regularly check medicines were within their expiry date.

## Outstanding practice

The practice also provided a teledermatology service (this is the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not). This provided care closer to home.

# Woodview Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a CQC Pharmacist Inspector and a GP Specialist Advisor.

## Background to Woodview Medical Practice

Woodview Medical Practice is located in the village of Cockfield, near to the town of Bishop Auckland. There are two branch sites at Evenwood and Staindrop which were also visited.

The practice provides services under a General Medical Services (PMS) contract with the NHS Area Team to the practice population of 2412, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has two GP partners and one associate GP, all are female. There is one practice nurse and one health care assistants (HCA). There is a practice manager and a team of administration and dispensing staff.

Woodview practice is open between 8.30am to 6pm Monday to Friday. Appointments are available from 8.30am to 11.30am and 4.30pm to 6.30pm on Mondays, 8.30am to 11.30am on Tuesdays, 9.00am to 12.00 on Wednesdays, 10.10am to 12.00 on Thursdays and 10.10am to 12.00 and

4.30pm to 6.30pm. The Staindrop surgery had appointments available Mondays 10.50am to 12.00, Tuesdays 4.00pm to 6.30pm, Wednesdays 10.40am to 12.00, Thursdays and Fridays 8.30am 9.30am. The Evenwood surgery had appointments available on Mondays 4.00pm to 5.00pm, Wednesdays 8.30am to 9.30am and Fridays 3.00pm to 4.00pm.

Saturday morning appointments are available and provided by Durham Dales Health Federation (DDHF) Federation Hub.

The practice, along with all other practices in the Durham, Darlington, Easington and Sedgefield CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

## Why we carried out this inspection

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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.

# Detailed findings

## How we carried out this inspection

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 28 July and 1 August 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse and a health care assistant. We also spoke with the practice manager, the office supervisor and members of the receptionist/administration and secretarial staff. We also spoke with a district nurse.
- Spoke with three members of the patient participation group (PPG).
- Reviewed 37 comment cards where patients shared their views and experiences of the service. We also reviewed 10 patient questionnaires that had been distributed during the inspection.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 an effective system in place 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).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of incidents and they were discussed at the practice meetings.
- Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. There had been twelve significant events in the last year. We saw lessons were shared to make sure action was taken to improve safety in the practice. For example, where patients have similar names the practice has now implemented a similar names alert on their system.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.

- Information telling patients that they could ask for a chaperone if required and notices regarding chaperones were displayed on notice boards at all three sites. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. All waste bins were not foot operated. Infection control monitoring was undertaken throughout the year and annual infection control audits were completed. Action was taken to address any improvements identified.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. We checked the arrangements for managing medicines at the practice. Prescriptions were dispensed at Cockfield and Staindrop for patients who did not live near a pharmacy.

The practice had standard operating procedures (these are written instructions about how

to safely dispense medicines) which covered all aspects of the dispensing process.

There was a process in place to ensure repeat prescriptions were signed by a GP before

being given out to patients; however this was not always followed by staff and we found

two examples at Staindrop Surgery where unsigned prescriptions were dispensed and

awaiting collection. GPs routinely checked dispensed prescriptions for accuracy.

## Are services safe?

There were procedures in place for the management of high risk medicines. We saw examples of how these worked to keep patients safe.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensing errors and near-misses (dispensing errors that have been identified before medicines have left the dispensary), were routinely recorded and reviewed on a quarterly basis. National patient safety alerts and medicines recalls were appropriately managed at both sites.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures that set out how they were managed. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks were carried out at Cockfield, however the frequency of these checks were not in accordance with their current standard operating procedure. The practice did not keep appropriate records of controlled drugs transferred to the branch surgery as set out in legislation and there was no formal process to regularly check medicines were within their expiry date, which is contrary to national guidance. We found four medicines which had expired across both sites, two of which were controlled drugs. However, on the second inspection day we saw that a system had been put in place and implemented to address these issues. Expired and unwanted medicines were disposed of in accordance with waste regulations.

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy in place for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.

Vaccines were administered by nurses using patient group directions (PGDs), which had been produced according to legislation and national guidance. PGDs are written instructions which allow healthcare professionals to supply or administer a particular medicine in the absence of a written prescription.

Blank prescription forms were stored securely, however there was no system in place to track prescription forms after they had been received in to the practice. The practice manager took steps to rectify this during our visit.

Following the inspection we received information that detailed meetings with the CCG pharmacist. As a result, medicine management systems had been reviewed and changes implemented.

- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment and regular fire drills were carried out.
- For the Cockfield and Staindrop practices, 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, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

The main practice at Cockfield and the branch practice at Staindrop and owned by the partners. The practice at Evenwood is leased from NHS properties services who are responsible for the servicing and maintenance of the premise. However, the majority of the building is leased to a different GP practice.

At the time of the inspection the practice did not have access to information to show that all of the required

## Are services safe?

checks had been undertaken. We visited Evenwood and checked equipment such as fire extinguishers and portable appliances. This equipment had been serviced as necessary. The practice managers at both practices using the premises at Evenwood had a very good working relationship and it was agreed that a spreadsheet would be developed which detailed all of the servicing and maintenance and relevant information would be shared.

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

- There was an instant messaging system on the computers and on the telephone system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. One of the GP's had a defibrillator in their car.
- There was a first aid kit and accident book available.
- 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 staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 most recent published results for 2014/2015 showed the practice achieved 99.7% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%. This was 5% above the local CCG and 4% above England average.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 82%. This was 7% above the local CCG average and 7% above the England average.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review,

undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 94%. This was 7% above the local CCG average and 4% above the national average.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 98%. This was 15% above the local CCG average and 14% above the England average.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits in the past 12 months, all of which were two cycle audits.

Following the department of health issuing guidance on the use of oral and inhaled steroids and subsequent risk, the practice carried out an audit to identify if patients had been issued with the steroid treatment card. At first audit it was identified that 65 patients were identified as requiring a steroid card and only seven had received one. Steroid cards were ordered for distribution from the surgery and reception staff asked to issue these steroid cards to the patients or the patient's carer, along with a letter composed by the practice pharmacist explaining the purpose of the card when prescription was dispensed. The practice pharmacist was also to add read codes to the patient's records. A further audit took place six months later at this audit it was identified that 48 steroid cards had been issued. A further audit is to take place to review the actions following the second audit to check that all patients within this group have received the required card.

- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.
- The practice through clinical audit time within therapeutic range (TTR) monitoring for those patients on warfarin had improved care for those with atrial fibrillation.

In addition to the core services the practice provided a minor surgery service and sexual health service for its patients and has teledermatology and remote reporting of ECGs.

### 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 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 updating for relevant staff. One of the practice nurses had completed the Bradford Diploma in diabetic care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 on-going support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses.
- Staff received 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.

### 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, informative care plans, medical records 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 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 on-going care and treatment. 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 monthly.

We spoke with a district nurse. They spoke very highly of the working relationship with the practice and the level of communication. They described 'blended care' which they said was very good multi-disciplinary working.

Patients we spoke with told us that the care provided was inclusive holistic care. They were very positive about being involved in their care with clear explanations given to them.

A bimonthly diabetic clinic took place with the involvement of a diabetic specialist nurse, dietician and podiatrist along with practice staff. Insulin initiation was also carried out. There was also involvement from a diabetic consultant once a quarter at the practice where the practice nurse and GP joined the diabetic specialist nurse for consultant led clinics.

Multi agency work has also taken place in regard to a local care home. Audits have taken place which identified potential risks to the residents, for which preventative measures were put into place ensuring safety.

Effective work had taken place in the management of patients with long term conditions. There was the involvement of a specialist nurse as well as a 'one stop' diabetic clinic with involvement of a dietician and podiatrist.

The practice was involved in a Durham Dales Easington and Sedgfield CCG, chronic obstructive pulmonary disease project which improved annual reviews in DDES by 7% and reduced admissions by 56 in the last year (as per presentation). We have added the in addition to the core service the practice also provided equipment for patient monitoring such as 24 hour heart monitors and Spacelab.

Respiratory Specialist Nurse worked with Practice Nurse and COPD patients.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had access to MCA prompt cards in the consulting rooms, these provided guidance for staff on issues relating to the MCA.

# Are services effective?

## (for example, treatment is effective)

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.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81%. This was 3% above the local CCG average and 7% above the England average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Personal letters are sent to patients in respect of any screening that needs to be carried out.

The health care assistant received an award for being effective in supporting patient to stop smoking and had achieved the highest stop rate in the area.

The practice implemented a number of screening and health promotion programmes. This included Cehck4Life a programme to improve patient's lifestyles and wellbeing. The practice detailed in their presentation that they exceeded target figures.

One of the members of the PPG was instrumental in developing a 'dementia café' in Evenwood.

When the village is cut off by snow the GP does the District Nurse work as well as deliver the bloods to the hospital. We have also delivered medications to patients on Christmas Eve on foot.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were high and were above or comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, rates for all but one of the immunisations were 94% or above.

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. Nationally reported data from 2014/2015 showed the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 91%, this was 6% above the local CCG average and 7% above the England average. 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 and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that confidential conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private.

Feedback on the patient CQC comment cards and questionnaires we received was very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient reference group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We observed staff coming to the waiting room and supporting patients that needed assistance to the consulting rooms.

Results from the national GP patient survey published in July 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above or similar to the local CCG and national average for questions about how they were treated by the GPs, nurses and receptionists. For example:

- 91% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 89% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.

- 84% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 96% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 100% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.
- 100% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 94% and national average of 91%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 99% said they found the receptionists at the practice helpful compared to the local CCG average of 79% and national average of 87%.

We looked at the Friends and Family (F&F) test results from April 2016 to June 2016. Of five F&F test replies 86% of patients said they would be extremely likely or likely to recommend the practice. Comments we received via CQC comment cards and questionnaires were very positive about the care and support received. They included comments about the welcoming attitude of all the staff, their confidence in treatment regime and the caring and professional manner in which patients are treated. They also spoke of times when the staff went the extra mile, for example taking medication to vulnerable people at home.

### 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.

## Are services caring?

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. Results were comparable to the local CCG and national averages. For example:

- 83% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 81% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 93% and national average of 90%.
- 87% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 90% and national average of 85%.

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. There was a hearing loop available for patient if they needed this.

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

There was information available for patients in the waiting room and on the practice website about how to access a number of support groups and organisations.

- The practice sign posted carers to local services for support and advice.

Both of the partners have completed palliative care diplomas. The GP mobile telephone numbers are given to patients or family members of patient who are nearing the end of their lives. GP conduct bereavement visits to family members. The GP also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. They also carried out bereavement visits.

A further example of how caring and responsive the practice was related to transport. As a rural practice the frequency of public transport is limited. As such, patient appointments were arranged to coincide with the when the local bus service was available.

# 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 plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

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

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities available and all the consulting and treatment rooms were on the ground floor.
- There was a hearing loop for patients who had hearing problems.
- The practice had recently employed a pharmacist and they were supporting the GPs with medication reviews.
- There was a facility on the practice website to translate the information into different languages.
- The practice has signed up to become 'dementia friends'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- The Care Home Scheme' ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of 'Do Not Resuscitate' decisions.

One of the nurses we spoke with gave an example of being responsive to patient needs. They were carrying out a new patient check when they identified concerns so they did an ECG. The patient was then transferred to hospital where they underwent further treatment.

The practice also provided a teledermatology service (this is the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not).

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was 10% or more above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 96% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 90% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

### Access to the service

Woodview practice is open between 8.30am to 6pm Monday to Friday. Appointments are available from 8.30am to 11.30am and 4.30pm to 6.30pm on Mondays, 8.30am to 11.30am on Tuesdays, 9.00am to 12.00 on Wednesdays, 10.10am to 12.00 on Thursdays and 10.10am to 12.00 and 4.30pm to 6.30pm. The Staindrop surgery had appointments available Mondays 10.50am to 12.00, Tuesdays 4.00pm to 6.30pm, Wednesdays 10.40am to 12.00, Thursdays and Fridays 8.30am 9.30am. The Evenwood surgery had appointments available on Mondays 4.00pm to 5.00pm, Wednesdays 8.30am to 9.30am and Fridays 3.00pm to 4.00pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would where possible be provided with an appointment that day.

Saturday morning appointments are also available which are provided by the Durham Dales Health Federation (DDHF) Federation Hub.

# Are services responsive to people's needs? (for example, to feedback?)

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above or similar to the CCG and national average. This reflected the feedback we received on the day. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 75%.
- 99% found it easy to get through to this surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 99% of patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73%.
- 98% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 84% and national average of 85%.

The results from the practice survey and from patients we spoke with reflected the national survey;

## Listening and learning from concerns and complaints

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

The practice 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 in the complaints and patient information leaflets. These were available in the waiting room.
- There was a suggestion box in the waiting area for patients to use to give feedback to the practice.

We looked at the two complaints that had been received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way.



# 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 values were outlined on the practice website and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered,

regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held, both formal and informal.
- 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.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through Patient Participation Group
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area.

One of the GP is the CCG Dales locality lead and clinical champion for atrial fibrillation and chronic obstructive pulmonary disease. Another GP sits on the board of the Durham and Dales Health Federation.