

The Surgery-Pelton

Quality Report

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Date of inspection visit: 5 July 2016

Date of publication: 30/08/2016

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?

Outstanding



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery, Pelton on 5 July 2016. Overall 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, however we found that prescription pads were recorded but their usage was not monitored in line with national guidance. The practice was informed of this on the day of inspection and they agreed to implement a monitoring form in line with national guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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 on the day said they mainly found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had struggled to recruit a GP and Nurse Practitioner following staff leaving and had seen a negative impact on appointment availability because of this. However they had made every attempt to mitigate the effect of this on patients and staff. Measures included training staff in multiple roles to

Summary of findings

enable cover and the recruitment of a pharmacist to see patients who needed medication reviews in order to reduce the pressure on GP appointments. They had also recently managed to recruit both a newly qualified GP and a Nurse Practitioner who were due to start soon.

- The practice offered a Weekend Support for Vulnerable Patients scheme in conjunction with the Clinical Commissioning Group. Patients identified as potentially needing contact over the weekend were informed of the scheme and telephone contacts or visits were arranged.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a very clear leadership structure and staff felt well 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.

We saw areas of outstanding practice:

The practice had a GP who had undertaken training in ophthalmology and the practice had invested in specific equipment to enable detailed eye examinations. This helped reduce attendance at Accident and Emergency departments.

The practice proactively reviewed governance and performance management arrangements in order to address staff shortages. Leadership at the practice motivated staff and drove continuous improvement and all staff were accountable for delivering change. The practice displayed a strong sense of valuing its staff and proactively looked at ways in which to retain them.

The areas where the provider should make improvement are:

The practice should monitor the new process of recording the usage of prescription pads via monitoring forms in line with national guidance to ensure it becomes embedded in practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We found that the procedure for monitoring prescription pads in the practice needed implementing. The practice was informed of this on the day of inspection and they agreed to implement a monitoring form in line with national guidance.
- The practice had mainly clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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. This included participation in the Frail and elderly scheme.
- Patients said they sometimes found it difficult to make an appointment however we saw that there were urgent appointments available the same day. The practice had introduced a new telephone system with more telephone lines available at peak times of need and staff had been trained from other areas in the practice to attend to telephone demand.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice took complaints very seriously and responded in writing to all written and verbal complaints. They employed an additional Medical Secretary as a result of a complaint about a delayed referral letter.
- The practice had a GP with a special interest in sexual health and a practice nurse with a qualification in sexual health who provided clinics to their patients.
- The practice had a GP who had undertaken training in ophthalmology and the practice had invested in specific equipment to enable detailed eye examinations. This helped reduce attendance at Accident and Emergency departments.
- One of the GPs offered acupuncture to their patients and this helped reduce referrals to hospital by providing pain and symptom relief.
- The practice employed a clinical pharmacist who supported staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing.

Are services well-led?

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

Outstanding



Summary of findings

- 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. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had experienced recruitment and retention problems which had led to a shortage in GP appointments. The practice had proactively engaged with staff in order to establish the reasons why they were leaving, for example with exit interviews, and they had introduced measures to help ensure that they addressed these reasons. Measures included proactive information sharing, performance related pay designed to aid succession and a 'fast track' scheme which enabled staff to progress to management level. Staff consistently told us that they were well-informed and received excellent support and mentorship by management.
- The practice had strong collaboration and support across all staff groups. We found that meetings were well established and held across the whole team. Staff told us they were well informed and we saw that minutes of the meetings were of good quality.
- The practice had a very supportive approach to staff development and strove to retain staff in a number of ways. Staff were encouraged and supported by the practice to acquire new skills. For example, administrative staff were trained in customer service skills and conflict resolution, and staff were encouraged to take ownership of roles such as developing the investors in children award. All staff had extended roles to enable them to provide cover in all aspects of the practice, this encouragement of autonomy helped ensure further staff satisfaction. The practice management had established a core team of staff who were able to answer telephones at busy times with the aim of increasing patient satisfaction and reducing complaints regarding telephone access. Staff told us that they felt the practice offered excellent support and mentorship.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had included staff in the development of the vision and staff were clear about it and their responsibilities in relation to it. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of staff

Summary of findings

satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.

- There was strong collaboration and support across all staff groups and a common focus on improving quality of care and people's experiences. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff told us that they were aware of the recruitment problems the practice had experienced but knew that the management team were actively trying to address this. Staff told us that they felt that management team were doing all they could to address this issue.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice participated in a high level review of skill mix every six months in order to meet the needs of their patients and staff. The business plan was shared with the staff and the PPG and updated quarterly.
- Nurses were actively supported with revalidation requirements.
- Team building events had been implemented.
- As part of the strategy to address staff shortages, one of the GPs had completed training to become a GP trainer and the practice were due to have their first registrar shortly. The aim of this was to develop the future workforce. The practice offered placements for student nurses, medical students and national vocational qualification students and aimed to interest them in GP practice.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a Frail and Elderly scheme in conjunction with the Clinical Commissioning Group whereby trained practice nurses carried out home assessments. Those assessed as having further needs were signposted onwards as appropriate.
- The practice offered a Weekend Support for Vulnerable Patients scheme in conjunction with the Clinical Commissioning Group. Patients identified as potentially needing contact over the weekend were informed of the scheme and telephone contacts or visits were arranged.
- The practice pharmacist carried out reviews for elderly patients on multiple medications in their own home including patients who were not housebound.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Staff with lead roles in chronic disease management were supported by a named GP and a member of administration staff.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 85% which was in line with local figures of 81% and national figures of 81%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 77% which was in line with local figures of 81% and national figures of 78%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The pharmacist reviewed patient's medicines to ensure they were receiving the most appropriate for their conditions and also offered appointments with patients to provide advice about their medicines and when best to take them.
- One of the GPs offered an acupuncture service to patients at the practice.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81% which was in line with local figures of 83% and national figures of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice ran a well woman clinic with extended contraceptive and women's health advice which was overseen by a GP with extended training in gynaecology. Contraception, smears, implant fitting, coil fitting and ring pessary changes were provided.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- One of the GPs had undertaken extra training in ophthalmology and was able to provide this service to patients at the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

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 percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92% which was comparable to the local average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 patients with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line/below local and national averages. 262 survey forms were distributed and 123 were returned. This represented just over 1% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%. Further telephone lines had been added since this result and anecdotal evidence from the Patient Participation Group and patients we spoke with on the day suggested that this had improved.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards the vast majority of which were very positive about the standard of care received. Two of the comment cards had negative comments regarding some staff attitudes which the practice had acknowledged and provided customer service training.

We spoke with ten patients during the inspection, including seven members of the Patient Participation Group. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient said that they sometimes struggled to get an appointment. The latest friends and families test (over the past two months) indicated that 67% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The practice should monitor the new process of recording the usage of prescription pads via monitoring forms in line with national guidance to ensure it becomes embedded in practice.

Outstanding practice

The practice had a GP who had undertaken training in ophthalmology and the practice had invested in specific equipment to enable detailed eye examinations. This helped reduce attendance at Accident and Emergency departments.

The practice proactively reviewed governance and performance management arrangements in order to

address staff shortages. Leadership at the practice motivated staff and drove continuous improvement and all staff were accountable for delivering change. The practice displayed a strong sense of valuing its staff and proactively looked at ways in which to retain them.

The Surgery-Pelton

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a pharmacist specialist advisor and an Expert by Experience.

Background to The Surgery-Pelton

The Surgery at Pelton is part of Pelton and Fellrose Medical Group. They provide services at the Lavender Centre site in Pelton and have a branch site and dispensary at Fellrose in Pelton Fell. Both sites were visited during the inspection.

The Lavender Centre is a purpose built (in 2012) GP premises in Pelton, Chester-Le-Street, County Durham. The practice shares a building with another GP practice and has premises on the first and second floor. The practice leases the building. They have a General Medical Services (GMS) contract and also offer enhanced services for example; minor surgery. The practice covers the area of Pelton, Chester-Le-Street and is situated nearly two miles from Chester-Le-Street town centre. Car parking facilities are good. Transport links are satisfactory. There are 8716 patients on the practice list and the majority of patients are of white British background. The practice catchment area is classed as 5 out of 10 in the Indices of Multiple Deprivation (The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is). The area is an ex-mining community.

The practice consists of three GP partners, two male and one female. There are also two salaried GPs (both female) and a new salaried GP (male) is due to start at the practice in August 2016. The practice has struggled to recruit a new

GP to the practice and existing GPs have been working extra sessions in order to negate the effect on patients. Staff and patients told us that it has been a difficult time and problems have existed with patients finding it difficult to get appointments and complaints made to staff regarding this. The practice has seen a high turnover in reception staff in the last year.

The practice is supported by a practice manager and an assistant practice manager along with reception, administration and dispensing staff at the Pelton Fell branch surgery. There is a nurse practitioner and independent prescriber, three practice nurses, a chronic disease nurse and a health care assistant all of which are female. The practice employs a pharmacist.

The practice has just become a training practice and will have their first GP Registrar in August.

The practice at the Lavender Centre is open from 8.30am to 6pm, with phone lines open from 8am. Extended hours are offered on Tuesdays from 6pm to 8pm. Fellrose branch surgery is open on Mondays, Tuesdays, Wednesdays and Fridays from 9am – 12pm and then from 2pm – 6pm. This branch is open from 9am to 12pm on Thursdays.

Patients requiring a GP outside of normal working hours are advised to contact NHS 111 who will refer them to the GP out of hours service commissioned by North Durham CCG. The Group have an agreement with the CCG that the out of hours service will cover between the hours of 6pm to 6.30pm.

Why we carried out this inspection

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

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, management, dispensers and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an error with regard to medication on discharge from a hospice it was agreed that all controlled drugs (especially new ones issued from a discharge letter) should be double checked by the GPs to ensure that the correct dosage has been entered. A system was also implemented to ensure that receptionists called for an ambulance immediately for patients ringing the surgery with chest pain.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We were told that a cleaning schedule would be implemented following the inspection. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had standard operating procedures (these were written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.
- Processes were in place to check medicines were within their expiry date using their dispensary computer system and this was carried out on a monthly basis. All medicines which were checked in the dispensary were within their expiry date. However at Fellrose Surgery we found some dressings and patient specific creams which were passed their expiry date. Staff were informed of this on the day of inspection and the expired items were removed immediately.

Are services safe?

- The practice currently held no stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) however the practice had in place standard operating procedures that set out how these would be managed in the event of stock being present. Balance checks of controlled drugs were carried out regularly even when no stock present.
- The practice was signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients of their dispensary and there was a named lead GP for medicines management. We were shown the incident/near miss record (a record of dispensing errors that had been identified before medicines had left the dispensary) which showed some examples of how errors had been looked at and changes made. There was a process in place to review errors and we were told these were discussed informally within the dispensary team.
- All prescriptions were reviewed and signed by a GP before they were given to the patient and there was a robust system in place to support this. Staff told us how they managed medication review dates and how prescriptions were monitored including those that had not been collected. Ten prescriptions were checked in the dispensary which confirmed this. Dispensary staff were trained to complete compliance reviews with eligible patients to ensure repeat prescriptions were still appropriate and to also monitor patient's side effects.
- There was a system in place for the monitoring of high risk medicines which included the dispensing staff being restricted from generating a repeat prescription without the GP confirming that regular monitoring had taken place. We checked two dispensary records which confirmed this.
- 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 clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.
- Prescription pads were stored securely however there was no system in place to monitor their use. The practice was informed of this on the day of inspection and they agreed to implement a monitoring form in line with national guidance.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty. The practice carried out a high level review of skill mix every six months.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 patients' 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 were 99% of the total number of points available with an exception reporting rate of 6% which was lower than both local and national figures. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 97% with a local average of 96% and national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 78% which was in line with the local average of 79% and the national average of 78%.

- Performance for mental health related indicators was similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved standards of documentation and clinical checks with regard to coil fitting.

Information about patients' outcomes was used to make improvements such as: patients who did not have up to date renal function blood test were called in for a blood test to improve safety whilst taking a diuretic medicine.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those who were at risk of unplanned admission to hospital. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available on the premises.
- The practice liaised with the local cancer organisation to increase awareness of cancer screening for patients and staff.

The practice's uptake for the cervical screening programme within the target period was 76%, which was comparable to the CCG average of 78% and the national average of 74%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 93% to 100%.

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 patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; 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 a private room to discuss their needs.

Most of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced; two had negative comments regarding staff attitudes. 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 seven members of the patient participation 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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.
- One member of staff was able to use sign language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (just under 1.5% of the practice list). The practice had developed links with the Carers association and they had attended the practice to speak with the PPG. Carers were offered health reviews and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available; one member of staff was able to support patients with sign language.
- The practice ran an acupuncture service for musculoskeletal conditions and migraine / chronic headaches.
- The practice had a GP with a special interest in sexual health and a practice nurse with a qualification in sexual health who provided clinics to their patients.
- The practice had a GP who had undertaken training in ophthalmology and the practice had invested in specific equipment to enable detailed eye examinations. This helped reduce attendance at Accident and Emergency departments.
- The practice offered a weekend service for the Frail Elderly patients, including those with palliative care needs, housebound patients and care home patients. This was a joint initiative between the CCG and the Federation (which consisted of six local practices in the area). This was available from 8am to 6pm Saturday and Sunday and the local GPs were on a rota system to provide telephone consultations and appointments to these patients if required. This scheme was in its infancy

but the aim was to help prevent any unnecessary hospital admissions. Patients identified by clinicians as needing the service were given a mobile contact number to talk direct to a GP.

- The practice employed a clinical pharmacist who supported staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing.
- The practice engaged in the GP Career Start Scheme and the Practice Nurse Career Start scheme and actively encouraged development.
- The practice had introduced a new appointments system in November 2015 in response to patient and staff feedback. They had also introducing a new Did Not Attend (DNA) Policy to help deter frequent patients who DNA in order to maximise the appointments available.

Access to the service

The practice at Pelton was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.30am every morning. Extended hours appointments were offered on Tuesdays from 6.30pm to 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent and telephone appointments were also available for people that needed them. The branch surgery at Fellrose was open from 9am to 6pm Mondays, Tuesdays, Wednesdays and Fridays and 9am to 12pm on Thursdays. The surgery was closed from 12pm to 2pm during which time the doors were locked and patient's calls were answered at Pelton surgery.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice had recognised this and implemented various different initiatives in an attempt to rectify this. For example; a new telephone system had been installed which meant that more lines were made available during peak times and staff had been trained from other areas in the practice to help with the demand. Anecdotal evidence suggested that this had improved the telephone access.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We were told that the practice had a complaints leaflet but this was not displayed in the waiting area.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following complaints regarding appointments running late staff were instructed to make patients aware of any delays.

Are services well-led?

Outstanding



(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 and staff. The practice had experienced recruitment problems of clinical staff which had led to dissatisfaction of patients and staff with regard to appointment access. This had led to a high turnover of reception staff in the past year. The practice was focussed to retain existing staff and there was evidence of proactive engagement with staff. The practice had reviewed the reasons why staff had left and actively tried to address this. Staff told us that they were aware of the problems that the practice had faced with regard to recruitment of clinical staff and said that they felt well informed and valued. They stated that they were aware that the situation should improve due to regular meetings and information sharing from the practice management. All of the non-clinical staff told us that they felt valued and well informed by the practice management.

- The practice had been proactive in including the staff in the development of the mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff informed us that the practice were keen to seek their opinions.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored. The business plan was extremely detailed and included a summary of the goals and objectives through to 2019. The objectives were challenging and stretching whilst remaining achievable. The practice had drawn up the business plan with input from staff and the patient participation group (PPG). The business plan was discussed by all staff present during a protected learning time (P.L.T) session and staff told us they were asked for suggestions on what should be included. They were then asked to review the plan the Practice Manager and the partners had completed. We were told that this would be reviewed by all staff quarterly. We viewed the plan which clearly outlined both the key priorities and challenges the practice faced. This included the retention of existing staff and recruitment of new staff, the

development of Chester-le Street federated working and support with nurses' revalidation. The plan was shared with staff and the PPG at meetings, on a designated notice board and the practice website.

- One of the GPs and the Practice Manager were supported by the practice to attend Clinical Commissioning Group meetings as they held key position in the CCG.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice aimed to focus on the development and retention of staff and proactively looked at ways to address this. The governance framework outlined the structures and procedures in place and ensured that:

- Staff felt supported, motivated and valued.
- There was an established leadership structure with clear allocation of responsibilities amongst the GPs, practice manager, nurses and the practice staff. The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed many of these which were comprehensive, dated, and monitored as part of the practice's quality assurance process. Staff understood and had access to the policies.
- We found the governance and performance management arrangements were kept under constant review and the practice actively sought out and used data from a wide range of sources including audits and performance data to improve patient outcomes. The practice took effective action to address any shortfalls, such as recruitment of staff, or to improve the telephone access to the practice.
- GPs took the lead in areas such as significant events, finance and safeguarding, practice nurses had lead roles in long term condition review management and unplanned admission avoidance. Members of the administration team took lead roles in online services and patient engagement. Staff were encouraged to develop and become more autonomous.
- Communication across the practice was structured around key scheduled meetings. There were weekly management meetings involving all the GPs and managers. Bi-weekly performance meetings were held with senior dispensing, nursing and administrative staff.

Are services well-led?

Outstanding



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

Each of these staff then held regular meetings with their respective teams. No formal meetings were held with dispensing staff, however they told us that as the team was so small, communication was easy and meetings were not needed.

In addition to this there were daily clinical meetings. Minutes of all these meetings were of good quality. Whole practice meetings and training days were held on one afternoon every month, facilitated by the local CCG. Staff told us they felt well informed.

- All staff received regular appraisal of their performance and the practice kept a staff training matrix to help monitor training and ensure it was kept up to date. The practice management had implemented performance related pay which was designed to aid staff succession. We were told that the sick pay scheme had been recently reviewed to bring it in line with national guidance.
- As well as monthly protected learning time there was a strong commitment for staff to develop their skills, competence and knowledge through weekly mentoring and meetings and an annual learning programme. Staff were given the opportunity to apply for a 'fast track' programme which had been developed by the practice as part of the business plan to ensure that staff had the opportunity to progress to management level. The fast track scheme was a 12 to 18 month programme consisting of mentoring with regards to management roles. This was developed by the practice management team to aid staff retention.
- Staff also had the opportunity to extend their knowledge and skills in phlebotomy with two members of staff having already been trained and having their own clinics in the surgery. All 16 non-clinical staff said that they knew about the opportunities available to them and some staff commented that they received excellent mentorship from the practice management. Administrative apprentices were supported to develop their skills which led to permanent employment at the practice leading on to further training in management vocational qualifications. There was a strong sense of staff pride in the organisation and staff were actively encouraged to attend team building sessions including evening social gatherings.

- The practice encouraged the senior receptionist to participate in the recently formed Senior Receptionist network to encourage the sharing of best practice between local practices.
- Staff were given individual roles and responsibilities and had discussed objectives and training planned for the forthcoming year. For example: taking the lead for investors in children and developing understanding of what was involved, implementing new policies, and ownership of notice boards with the aim to promoting services offered by the practice. Another staff member now specialised in two particular areas (cancer and carers) and had gained knowledge to enable them to identify who the target groups were in order to provide relevant up to date information to those who needed it. Nursing staff had lead roles in the management of QOF and this was supported by a GP and a member of administration staff for each area.

Leadership and culture

On the day of inspection the management team and partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management and partners were always approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Outstanding



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

issues at team meetings and felt confident and supported in doing so. We noted that there was a social club in the practice and regular teambuilding sessions were encouraged.

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management and partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The management were mindful of and valued their staff and told us that they were constantly thinking of new ways to retain staff and improve their working environment. A recent example of this was a plan to give reception staff more autonomy with regard to releasing emergency appointments.
- Staff worked together to cover each other's working hours whilst on leave. Staff from administrative roles worked in reception when necessary and administrative staff were trained in other roles.
- The practice offered placements for student nurses, medical students and national vocational qualification students to develop the future workforce and interest them in GP practice. The practice had recently been successful in the recruitment of a newly qualified GP and a nurse practitioner to aid with staff and patient satisfaction and retention.
- One of the GPs had completed training as a GP trainer and a registrar was due to start working in the practice towards the end of the year.

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. They had instigated exit interviews with staff who were leaving in order to understand how they could retain staff. Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. As a result of this feedback the practice had supported and mentored practice nurses to extend their

knowledge and skills. The practice had supported one nurse in her achievement of the Nurse Practitioner degree at Masters level and another in the Practice Nurse degree and a sexual health qualification.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had 85 members, (75 of which were virtual) and they met quarterly. They had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements were made to the branch surgery at Fellrose, staff had received training in answering the telephone at busy times and improvements were made to the website to include a PPG area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. The practice had experienced a high level of reception staff turnover in the last year and had implemented various initiatives in an attempt to improve staff satisfaction and retention. Staff feedback from the inspection questionnaires was very positive, all staff were aware that the practice were proactively trying to recruit staff and reduce the impact of negative patient comments with regard to appointment availability. Staff told us they were willing to do extra to cover each other in the interim period.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice planned to implement a self-check in facility and were in the process of looking into this. The practice had identified their future challenges and concerns. Examples of these were medicines management, federation working and maintaining and developing the clinical workforce.