Parkgate Medical Practice

Quality Report

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Co Durham,
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Website: www.intrahealth.co.uk/surgeries/parkgate-medical-practice.html

Date of inspection visit: 5 December 2017
Date of publication: 02/01/2018

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection March 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Parkgate Medical Practice on 5 December 2017. This was as part of our inspection programme.

At this inspection we found:

- The practice was on a trajectory of improvement and had successfully recruited new staff within the last year. Some of the data in the report related to the previous governance and the practice were aware of this and had an action plan to monitor any issues of concern.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients found the appointment system difficult to use. Some patients stated that it was difficult to get through to the practice by telephone. Most reported that they were able to access urgent care when they needed it, but had to wait too long for an appointment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

Ensure that GPs are provided with clinical supervision.

Summary of findings

Have a system in place that ensures facilities are regularly maintained by the landlord.

Continue to monitor the action plan with regard to improving access to appointments.

Risk assess the emergency equipment.

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

Parkgate Medical Practice

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 CQC Inspector and a GP specialist adviser.

Background to Parkgate Medical Practice

Parkgate Medical Practice, Park Place, Darlington, Co Durham provides Primary Medical Services to a population of approximately 4,900 patients. The practice is part of the Intrahealth Limited group and operates under a Primary Medical Services contract, the website address is www.intrahealth.co.uk. Issues regarding finance, recruitment and some other governance areas are dealt with by the head office team of Intrahealth Limited. The practice is in central Darlington and operates from a purpose built healthcare facility which is shared with other community based health services. The building is leased from NHS property services.

There is one female salaried GP (0.45 WTE) , two locum GPs who work under a service level agreement with Intrahealth and are both male, a nurse practitioner who is female (1WTE), 2 female practice nurses (1 WTE and 0.53 WTE) and a female healthcare assistant (0.6 WTE). There is also a female clinical pharmacist (0.72 WTE). They are supported by a team of management, reception and administrative staff. Out of Hours services are provided via the NHS 111 service.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury. The practice is in an area classed as level two in the Indices of Multiple Deprivation. The lower the Indices of Multiple Deprivation (IMD) decile, the more deprived an area is. People living in more deprived areas tend to have greater need for health services. The practice has a higher proportion of males in the age range of 25 – 50 than the local or national average. It also provides support to a nearby mental health unit, where patients have a higher proportion of drug and alcohol related problems.

The practice has had problems with staff recruitment and sickness over the past year however this has now resolved and there are a number of new staff, including a practice manager, non-clinical and clinical staff. The practice manager is currently in the process of registering with the Care Quality Commission as the Registered Manager of the practice.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. We found that some of the policies were due a review and we were told that this was underway. Policies were accessible to all staff.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Most staff received up-to-date safeguarding and safety training appropriate to their role. The practice were aware of any training gaps and were working to ensure their staff were up to date. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. On the day of the inspection we saw evidence of cleaning schedules but did not see evidence of cleaning monitoring, however the practice appeared clean and patients told us that this was always the case. We were provided with evidence of cleaning monitoring following the inspection.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The building was leased from NHS property services and therefore maintenance and cleaning was arranged by the property owner, we found that the practice would benefit from a greater oversight on this. They informed us that they would formulate a matrix so that they could check when annual maintenance and servicing was due. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines minimised risks. Emergency equipment was located in different places in the practice, for example paediatric pulse oximeters were not available in the nurse's room and oxygen was in a different area to the

emergency medicines. We discussed this with the practice and they agreed to risk assess their emergency equipment. The practice kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had not audited antimicrobial prescribing, however they were not an outlier for this and there was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the system to ensure that rotas were accurate was reviewed following an incident whereby a patient was booked into an appointment with the wrong clinician.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier for the prescribing of hypnotics or antibacterial items.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice has recognised that some of their patients did not attend for reviews of chronic obstructive pulmonary disease (COPD) and diabetes. The practice used technology to improve treatment and to support patients' independence. They had introduced a system whereby patients were sent a text message to inform them of annual reviews that were due. They also planned to use this system to increase screening rates.
- We were told that the practice had an action plan to target patients who had not attended for reviews of long term conditions. The practice had recruited nursing staff and they were pro-actively contacting these patients. We saw evidence that reviews for patients with COPD were already improved from last year's figures and were running at 67.5% as opposed to 50% last year. The practice were only part of the way through the year and hoped to achieve a higher proportion of patients who had been reviewed and supported.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice was taking part in a care home pilot whereby the Nurse Practitioner was visiting older patients in allocated care homes each week. This helped ensure that older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice had direct links to Community Matrons, Macmillan teams, and single point of access for district nurses with patient line.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Over a 12 month period the practice had offered 432 patients a health check. 283 of these checks had been carried out.
- Elderly patients who were non responders to invitations to health checks were given a welfare visit.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Figures from the last published quality and outcomes framework were generally in line with local and national figures apart from in two areas. For example;

  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

  (01/04/2015 to 31/03/2016) was 79% which was lower than the local average of 85% and comparable to the national average of 80%.
- The percentage of patients with COPD who had a review undertaken including an

Good

Are services effective?

(for example, treatment is effective)

assessment of breathlessness using the Medical Research Council dyspnoea

scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 76% which was significantly worse than the local average of 92% and the national average of 90%.

We were shown evidence that the practice had recognised this, had successfully recruited new staff to meet the demand, purchased short message service technology and had an action plan for improvement. Data provided on the day of the inspection showed that COPD reviews were already substantially improved.

- The practice provided on-site anticoagulation monitoring.
- The practice were able to refer to Darlington Stop Smoking service – patients could also self-refer.
- The practice pharmacist prescriber supported medication reviews – they also had an additional pharmacist who reviewed nursing home prescriptions.
- All patients with COPD were asked if they would like to be referred into the Pulmonary Rehabilitation services initially at diagnosis then annually.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice held charity events and recently collected for the dyspraxia society.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. They had recognised that they had a catch up programme to action and were pro-actively working on this.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had adopted an appointment 'Text & Remind' messaging service.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice provided care to residents in a supported living mental health unit and held regular meetings with them.
- Vulnerable patients registering were seen by the Health Care Assistant or Practice nurse for a health check and the practice pharmacist so they had a clear view of medication needs.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example;

  The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 88%; compared to the local average of 92% and the national average of 91%)

  The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 95%; compared to the local average of 96% and national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We were told that clinical staff met daily to discuss active case

Good

Are services effective?

(for example, treatment is effective)

management, team building and sharing of good practice. Where appropriate, clinicians took part in local and national improvement initiatives, such as the care home pilot.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. The overall exception reporting rate was 13.7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) These published figures related to a previous management team and the practice had an action plan for this year which identified areas for improvement.

- The practice used information about care and treatment to make improvements. Following identification of some areas in the quality and outcomes framework that required improvement the practice had engaged a GP with a special interest in diabetes who held weekly clinics at the practice.
- The practice was actively involved in quality improvement activity. For example recent audits had been done to ensure compliance with guidelines and monitoring in medicines such as methotrexate, lithium and sodium valproate. Where appropriate, clinicians took part in local and national improvement initiatives, such as the introduction of pathways and templates for the improved awareness and identification of sepsis.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The nursing staff team was relatively new and had successfully gained qualifications relevant to their role in areas such as sexual health and respiratory disease management.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, and support for revalidation. We saw evidence that clinical supervision was undertaken by the nursing staff but not GPs. This was not in line with the practice policy on clinical supervision which stated that clinical supervision should take place at least every eight weeks. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Good

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 19 of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. One was negative regarding a GP's attitude. All four of the patient questionnaires completed on the day were positive about the care they received. The most recent NHS Friends and Family Test showed that 100% of patients would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were mainly treated with compassion, dignity and respect. 361 surveys were sent out and 105 were returned. This represented only about 2% of the practice population. The practice was lower than average for its satisfaction scores on consultations with GPs. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 64% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 82% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 67% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 89%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

We gave out patient questionnaires on the day of inspection to get some extra feedback and spoke with two members of the patient participation group prior to the inspection. All of the six patients stated that they were happy with the care they received, felt listened to and that they had enough time.

The practice acknowledged that they had gone through a difficult period over the last year with regards to staff shortages. The practice had recognised these results and had implemented change such as; the practice had now recruited more staff and were implementing a triage system for on the day appointments. Locum GPs had service level agreement contracts with the practice which improved continuity of care for patients and now attended clinical meetings where problems were discussed. The practice were advertising for another salaried GP. We were told that patient satisfaction results were monitored and saw evidence that patients were able to provide feedback.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Good

Are services caring?

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. All new patients registering with the practice were asked if they were a carer and signposted to support services. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (2.7% of the practice list).

- Staff told us that if families had experienced 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 or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded with mixed results to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or below local and national averages:

- 71% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 61% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

This data was collected prior to the recruitment of staff and change in management of the practice. The practice intended to monitor the results.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and Nurse Practitioner also accommodated home visits for those who had difficulties getting to the practice.
- The practice was taking part in a care home pilot whereby the Nurse Practitioner was available one day each week to see any patients who may be in need of care therefore saving a GP visit.
- There was a facility to refer to the mental health for older people team at West Park, a nearby hospital
- The practice had access to a Responsive Integrated Assessment Care Team (RIACT) which included community physios and occupational therapists.This service helped prevent avoidable hospital admissions by providing rapid assessment of needs followed by access to short term therapy or reablement, nursing support and personal care in patients' own homes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group 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 offered a minor surgery clinic.
- The practice was open Monday to Friday and provided extended hours on a Tuesday evening.
- As part of the federation - Primary Health Care Darlington - the practice were able to offer patients appointments at weekends and evenings.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those who were homeless, travellers and those with a learning disability.
- The practice were able to refer patients to a specialist Drug & Alcohol Misuse service and patients could also self-refer.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice could offer patients a counselling and support service (Talking changes) and were also part of the Improving access to psychological therapies (IAPT) scheme which provided anger management, cognitive behaviour therapy and general coping strategies.
- There were two Syrian Refugees and their children currently registered with the practice and they provided translation services to meet their needs.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice took part in a charity cake event for a dementia charity.
- 25 male patients with severe mental health problems were registered with the practice. These patients lived in a mental health unit in Darlington and the practice provided care for their physical health needs. They held regular meetings to discuss care and worked in collaboration with the unit.

Timely access to the service

Patients were able to access urgent care and treatment from the practice on the same day but felt that they had to wait too long for a bookable appointment.

- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. 361 surveys were sent out and 105 were returned. This represented about 2% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 61% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 61% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 63% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

The practice was aware of the data and had implemented an action plan to improve patient access to care. This included;

- The practice had engaged and had sent staff on active signposting training to enable them to educate patients of other services that may be best suited to help them.
- The practice were looking into new ways of working with regard to skill mix.
- The appointment system was under review, the practice were planning to introduce a triage system and were trying to recruit another salaried GP.
- They were now able to offer Patient online.
- The practice was part of a federation and as such could now offer appointments on Saturdays at 8am-1 pm, Sundays 9am-1pm, Monday – Thursday 6.30pm- 9.00pm & Friday 6.30pm -8.30pm.
- If NHS111 bookable appointments were not used the practice was now able offer to these to patients.
- There was now a prescription line and patients were requested to phone for results after 2pm to enable patients to get through to book appointments on a morning. The practice was actively encouraging patients to sign up for online access.
- We were told that the reception team answered calls but when busy the secretary and data administrator now also answer calls.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Following a trend in complaints about a GP's attitude discussions were undertaken with the GP.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued by the new management team. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were currently under review.

Managing risks, issues and performance

Are services well-led?

Good

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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. The patient participation group told us that they felt involved and listened to by the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice acknowledged that they were on a trajectory of improvement and we saw evidence of this with their action plan.