

North House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North House Surgery on 17 February 2017. 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 in the main assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a very active patient participation group (PPG), which worked with the practice to make improvements.

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

Importantly the provider must:

Summary of findings

Have effective systems in place that ensures all required medicine reviews are undertaken.

The provider should:

- Improve the system for identifying carers.
- Develop a written strategy and supporting business plan which outlines their vision and plans for the future.

- Training should be provided for the infection control lead.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

However, we found some areas where improvements were needed. This related primarily to there being a number of patients for who their required medications reviews had not taken place. In addition, the infection control lead needed to complete relevant training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG and national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Staff were proactive in supporting patients to live healthier lives through health promotion and the prevention of ill health.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national survey showed that patients rated the practice similar or lower than others for several aspects of care. For example, 88% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them. However, it was unclear if all carers were being identified.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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

Good



Summary of findings

- The practice had a clear but unwritten strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which generally supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicator in respect of atrial fibrillation was 90%; this was the same as the local CCG average and 1% above the England average.
- The practice was part of the Vulnerable Adults Wrap Around Service (VAWAS). This was a service provided to vulnerable patients who are housebound or those at high risk of admission to hospital. This was a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date.
- The practice had employed a part-time pharmacist to help clinicians with medicine reviews and review of hospital discharge letters relating to medicine.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 88%, which was comparable to the CCG average of 89% and the England average of 90%.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had robust systems for monitoring patients on anticoagulation medicine, NOACs and disease-modifying anti-rheumatic drugs (DMARDs). DMARDs are used in the treatment of rheumatoid arthritis and require regular monitoring and review of the patients.
- The practice has three dedicated diabetic clinics each week. They are working under the CCG diabetic scheme whereby staff received training from the diabetic specialist nurse.

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 or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 81%. This was 2% below the local CCG average and the same as the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

- The practice has been awarded the 'Young Carers Charter Award' (support systems for young people who are carers). Within the last year, this award was re-evaluated and was awarded again.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient.

People whose circumstances may make them vulnerable

Good



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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Nationally reported data from 2015/2016 showed 82% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 3% below the local CCG average and 2% below the England average.

Summary of findings

- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 86%. This was 6% below the local CCG average and 3% below England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed the practice was performing above or similar to the local CCG and national averages. There were 261 survey forms distributed for North House Surgery and 124 forms were returned, representing 1% of the practice's patient list.

- 88% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 92% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 86% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 95% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.

- 89% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 12 completed comment cards which were very positive about the standard of care received. We also received 8 patient questionnaires that had been distributed and completed during the inspection. Patients said staff were polite and helpful and treated them with dignity and respect. They included positive comments about the courtesy and compassion shown by staff of all levels.

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

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

Areas for improvement

Action the service **MUST** take to improve

Have effective systems in place that ensures all required medicine reviews are undertaken.

Action the service **SHOULD** take to improve

- Improve the system for identifying carers.

- Develop a written strategy and supporting business plan which outlines their vision and plans for the future.
- Training should be provided for the infection control lead.

North House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector, an Inspection Manager and a GP Specialist Advisor.

Background to North House Surgery

North House Surgery, Hope Street, Crook, County Durham, DL15 9HU is located in the town of Crook, near to Bishop Auckland. The premise is owned and managed by Assura (property developers for primary care). There is ample free car parking to the rear of the practice.

The practice provides services under a General Medical Services (GMS) contract providing service to the practice population of 13,524, covering patients of all ages.

The proportion of the practice population in the 55 years and over age group is above the England average. The practice population in the under 18 age group is below the England average. The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has six GP's (two of who are partners), four male, 2 female. Also, one GP registrar and one long term locum. There are four advanced nurse practitioners, one nurse prescriber, three practice nurses and three HCA's. There is a practice manager, an assistant practice manager

and a team of 15 administration and reception staff. There is also a pharmacist available who works three mornings per week and a physiotherapist who works 18 hours per week.

North House Surgery is open between 8am to 6pm Monday to Friday, with appointments between 8.40am until 11.20am and 2.40pm and 6pm. The surgery is also open on Saturday mornings 8am until 12 noon. This is an acute surgery for acute problems only.

The practice is a member of the Durham Dales Health Federation, comprising 12 practices in the local area.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 17 February 2017. During our visit we:

- Spoke with a range of staff including two GPs and one advanced nurse practitioner, one practice nurse and a pharmacist. We also spoke with the practice manager and members of the reception/administration team.
- Spoke with two members of the patient participation group (PPG).
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of incidents and they were discussed at the practice meetings.
- Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was a delay in one of the nurses returning a call to a patient as they were very busy. Also there was a lack of clarity about their symptoms and potential seriousness. The incident was reported and investigated. As a result, the registered nurses and health care assistants have an agreed one hour dedicated slot for phone calls.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained in safeguarding children and adults to level three.

- Information telling patients that they could ask for a chaperone if required was visible within the practice. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. They had not however had the appropriate level of training. There was an infection control protocol in place and staff had received training. A full audit had taken place by the CCG. We saw that fabric privacy curtains were in use, which needed to be washed to a minimum of 60 degrees centigrade every six months. The curtains had however been dried cleaned rather than washed to the required temperature. The practice confirmed that they would change from fabric curtains to disposable curtains.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked at the storage of vaccines and we saw these were stored safely. We did however find that the practice needed to have a more effective system in place for

Are services safe?

ensuring that medication reviews were carried out. We looked at a sample of repeat prescriptions during the inspection and found that prescriptions were being issued after the medication review date and no review had been undertaken. The practice took immediate action to address this, by completing a search of all of these patients and by allocating the reviews between all of the appropriate clinicians. A target date was in place for the completion of these reviews.

Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents. A defibrillator was also available on the premises. Emergency medicines were easily accessible to staff and all staff knew of their location; all medicines we checked were in date and suitable for use.
- We reviewed four personnel files and found that in the main appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However for one member of staff, their first reference was not from their most recent employer and their DBS check was not available. A working day after the inspection we were provided with evidence to show that the person's DBS had been sent on the 12 January 2017.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment, however there was one recommendation and no evidence to show it had been actioned. Portable appliance electrical testing had been carried out and equipment had been calibrated. The premise was owned by Assura and they were responsible for carrying out a range of maintenance and servicing. On the day of inspection we could not find evidence to show that the required checks had been completed for example the testing of water from outlets. The practice took immediate action to address this and before the end of inspection maintenance

representatives from Assura were on site. The practice planned to develop a matrix to show all maintenance and servicing. This would identify when it was next due and allow for the practice to monitor that it had taken place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Administration and reception staff told us they provided cover for sickness and holidays.
- Since the last inspection much work had been undertaken to increase the skill mix and increase clinical input for patients. This included the recruitment of further GPs, additional advanced nurse practitioners, a nurse prescriber and a pharmacist. Staffing and skill mix remained under constant review. The assistant practice manager had implemented a robust rota system for clinical staff, which was planned for four months ahead. As such, shortfalls or gaps were identified and the rota adjusted to ensure appropriate cover.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. There were two oxygen cylinders available; however both had been used, rather than one being kept as a back-up. The practice are to review this practice.
- There was a first aid kit and accident book available.
- Effective systems were in place for dealing with medical emergencies.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked medicines were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 92% of the total number of points available, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 70%. This was 5% below the local CCG average and the England average.
- The percentage of patients his was 1% below the local CCG average and 2% below the national average.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 82%. This was 3% below the local CCG average and 2% below the England average.

Clinical audits demonstrated quality improvement.

- The practice had completed at least five audits, a number of which were completed two cycle audits.

In the review of other audits looked at, it was clear that the practice was proactive in ensuring it worked in accordance with relevant guidelines and that information about patients was appropriately recorded on their records. An example included a two cycle audit in respect of the use of antibiotics to treat urinary tract infections (UTI's). The practices conclusion from the audit was the way in which the practice dealt with UTI's had improved although further actions had been identified. This included the plan to increase dip stick testing from 70% to 80% and to laminate the quick reference guide for primary care and make one available to all clinicians.

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, fire safety, health and safety and confidentiality. The induction checklist was generic in nature and there was no role specific induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Some of the staff appraisals were overdue, however staff confirmed that these had been scheduled and this was confirmed with the practice manager. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis. These included monthly gold standard framework meetings (multi-disciplinary meeting to review patients who were nearer the end of life). The practice also held a weekly clinical meeting.

In addition other services were available on-site, again reducing the need for patients to travel. These included clinics run by the coronary heart disease and heart failure specialist nurse, community midwife clinics three times per week, diabetic special nurse clinic for unstable patients and a counselling service provided by the CCG.

The practice has three dedicated diabetic clinics each week. They were working under the CCG diabetic scheme whereby staff received training from the diabetic specialist nurse. The aim being to devolve patients seen in secondary care back to primary care, again delivering care closer to home.

The practice had started to offer appointments in the surgery with the 'Wellbeing for Life Service' (a service run by the local federation). This service provided a range of advice and support, such as, weight and healthy eating, physical activity and social inclusion. At the time of the inspection nine patients had used the scheme with a further five booked. Positive results had been identified, one patient had lost 7kgs in weight, another patient no longer used e-cigarettes and had increased their exercise regime and lost weight. Overall findings were that patients

were eating more regularly, increased their fruit and vegetable intake and reduced high fat meals. Patients had reported that they felt more confident and that their mood and wellbeing had improved.

The practice had employed a pharmacist who had reviewed 250 discharge letters from a medicines perspective. In the five months they have been in post there has been a saving to the practice of £3,500.

The healthcare assistants worked closely with the tissue viability nurse had been trained in wound care. Health care assistants had also been trained to carry out Doppler tests (a test to monitor blood flow to arms and legs) and advised on the correct compression hosiery.

The practice loaned equipment for 24 hour blood pressure testing to be completed.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had access to MCA prompt cards in the consulting rooms, these provided guidance for staff on issues relating to the MCA. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective?

(for example, treatment is effective)

condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.

- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81%. This was 2% below the local CCG average and the same as the England average. There was a policy to offer telephone reminders for patients who did not attend for

their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2015/2016 showed childhood immunisation rates for the vaccinations given were high and were above or comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, rates for all but one of the immunisations were 97% - 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

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

We spoke with two members of the patient reference group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 88% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 92% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 86% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.

- 95% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 89% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.
- 89% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 92% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 94% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 72% said they found the receptionists at the practice helpful compared to the local CCG average of 79% and 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to the local CCG and national averages. For example:

- 85% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 76% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 89% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 93% and national average of 90%.

Are services caring?

- 86% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 90% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop available for patient if they needed this.

Patient and carer support to cope emotionally with care and treatment

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

- The practice had register of carers which at the time of the inspection was 0.5% of the practice population. The practice were to review this as it was unclear if they had identified all patients who were also carers. The practice provided carers with an annual flu vaccination.

- The practice sign posted carers to local services for support and advice.
- The practice worked with the Durham Carers Association.

Staff told us that if families had suffered bereavement, the named GP would telephone the families. GPs also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate.

An example of how caring the practice was included identifying that one of the patients was becoming socially isolated and the practice helped in finding some volunteering work for them to do. Other examples included staff taking prescriptions to more vulnerable patients if they could not attend the practice and one member of staff carrying out a daily visit to a patient who had become housebound and was socially isolated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

- There were longer appointments available for people with a learning disability or any patient who had a need for this.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- A GP triage service was available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were usually between 15 and 20 home visits carried out per day.
- One of the advanced nurse practitioners carried out home visits, usually visiting between 10 to 15 patients per day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities available and all the consulting and treatment rooms were on the ground floor.
- There was a hearing loop for patients who had hearing problems.
- There was 1% of patients whose first language was not English. The practice had a facility on the practice website to translate the information into different languages.

- A community psychiatric nurse, employed by the local federation was available two mornings per week, the meant that patients received this specific care closer to home.
- The practice also provided a teledermatology service (this is the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not). The practice also offered a minor skin surgery. This reduced the need for patients to travel to hospital.
- The practice also employed a physiotherapist for 18 hours per week. There was an annual budget which allowed for 1,877 patients to have in-house physiotherapy. The CCG paid the practice £20.22 per patient. If the patient had hospital based physiotherapy there would be a cost of £34 per patient. As well as cost savings the important aspect was that the patient received their care closer to home. Latest referral data October 2016 showed a 19% reduction in referrals to Trauma & Orthopaedics between 15/16 and 16/17. The practice was one of the lower referring practices in this speciality for several years. The partners put this down to the way in which the physiotherapy service was used.

The practice provided a Saturday morning 'walk-in' surgery for patients in the wider locality of the 'Dales'. They are paid by the CCG to see 37 patients, however routinely they see between 45-50 patients during this time. A number of these appointments were pre-bookable.

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

- 59% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 46% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

The practice was working with their patient participation group to see what improvements could be made.

Access to the service

North House Surgery was open between

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

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

- 52% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 75%.
- 21% found it easy to get through to this surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 41% of patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

Whilst the practice scores are low it was clear they had made great strides in increasing the availability of clinicians within the practice. Since the last inspection much work had been undertaken to increase the skill mix and increase clinical input for patients. This included the recruitment of further GPs, additional advanced nurse practitioners, a nurse prescriber and a pharmacist. Staffing and skill mix remained under constant review. The assistant practice manager had implemented a robust rota system for clinical staff, which was planned for four months ahead. As such, shortfalls or gaps were identified and the rota adjusted to ensure appropriate cover. The patient participation group were working with the practice in respect of accessibility and also non-attenders for appointments. In November 498 appointments were lost as a result of non-attenders.

The practice had also developed a range of in-house leaflets to raise awareness amongst their patients. Examples included, 'Does it have to be a doctor? What else is on offer'. This leaflet outlined the job roles and responsibilities of the health care assistant, the practice nurse, nurse prescriber and advance nurse practitioner. Also one titled, 'Hints and tips for appointments'. This

included information about the range of appointments available, days when specific doctors did not work and information about the availability of telephone consultations.

In addition, there were no pre bookable appointments on Mondays so that patients who had been poorly over the weekend could be seen.

The practice also had screens in place within the call answering office so that call monitoring could take place. This showed the number of calls in the queue and length of wait. The practice could produce reports, look at statistics and look at costs to patients should it be needed.

The practice also had two appointment slots available on a Saturday morning for the North East Ambulance Service.

Key professionals had access to an emergency phone line to the senior receptionists which by passed the need to ring through to the normal routes, which ensured a quicker response.

The practice had also reviewed the roles and responsibilities of staff, particularly around administration duties. Training had been implemented for senior administration staff to do an initial screening of letters with a view to attend to low risk, no further action correspondence, which saved GP time. This was being monitored and the staff had supervision and competencies checked. This was due to be audited and evaluated at the six month stage.

The practice had also appointed an advance nurse practitioner whose sole role was to carry out home visits that were within their scope of practice and experience. This nurse visited between 10-15 patients per day.

Listening and learning from concerns and complaints

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

The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.

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

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

We looked at complaints that had been received in the last 12 months. There had been 12 complaints within this period. We found that complaints had been investigated

and responded. They had been dealt with in a timely way and the practice had been open and transparent. However, the practice's actual procedure was not always followed, such as sending an acknowledgment letter. We also noted that an annual review of complaints was undertaken that looked for themes and trends. After discussion with the practice, consideration was being given to increasing the frequency of analysis which would enable any trends to potentially be identified earlier.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a vision, however this was not documented.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision. However this was not documented.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were in the main arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any

patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

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

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

- Staff told us that regular team meetings were held, both formal and informal. Meetings included full practice meeting, clinical meetings, partners meetings and significant event meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners, GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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

Are services well-led?

Good 

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

Continuous improvement

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

Areas for further development included looking at nutritional pathways for the elderly and patients with

dementia and those living in care homes. This was with a view to looking at positive nutritional interventions rather than use of nutritional supplements, where this was appropriate.

Also to explore areas where care and treatment could be provided to patients closer to home. For example, patients with an alcohol addiction and in need of detoxification.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure appropriate systems and processes were in place to assess, monitor, and improve the quality of services in relation to the dispensing of medicines. Specifically the review of patients' medications.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>