

# The Surgery - Great Lumley

## 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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery, Great Lumley on 25 August 2016. Overall the practice is rated as outstanding.

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

- Kindness and compassion was fundamental to the practice ethos and we were told that patients were at the centre of what they did. This was corroborated by patient survey results, what we were told by patients on the day and via completed questionnaires.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example they had taken on the role of extended diabetes care for patients in the local area due to an identified need for the service; this included insulin initiation and had required extra staff training. GPs had also undertaken extra training in gynaecology, dermatology and cardiology following identification

of a high number of their patients requiring this care. This increase in expertise showed a reduction in referrals to secondary care in these areas because of this.

- The practice funded care for pre-diabetic patients and performed reviews on these patients in order to prevent disease progression. They had provided this service for two years.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example they worked closely with local charities and the Carer's Association, enabling their patients to benefit from services they had to offer.
- The practice had a clear vision which had quality and safety as its top priority. The strategy was regularly reviewed and discussed with staff. Staff told us that there was no hierarchy in the team and that they felt supported and valued.

# Summary of findings

- Following the loss of two key members of staff the practice had recognised that staff were unsettled due to the uncertainty and change and they had completed a team forming and building exercise. They had also introduced staff reward schemes.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Leadership was a priority at the practice and they were busy developing their new business plan, which was to be shared with staff. Continuous improvement was embedded into the culture of the practice. In response to the Patient Survey results, the practice had had a whole team effort focussing on shared decision making with patients. The results in this area had improved substantially following this.

We saw several areas of outstanding practice:

The practice had purchased equipment to provide near patient testing to patients. This ensured correct treatment with antibiotics was provided and had reduced antibiotic prescribing figures in line with national guidance.

The practice worked strongly with the local community and patients told us there was a strong family feel and sense of community spirit. The practice had implemented a scheme whereby patients in need were provided with hygiene packs made up by the Women's Union if they were admitted to hospital. These included essential toiletries.

The leadership in the practice drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice had introduced the 'Extra Mile' and 'Make a Difference' schemes to incentivise and reward staff and recognise compassionate care.

**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?

#### GOOD

Good



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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff had attended safeguarding children and information governance training in the past year.
- Risks to patients were assessed and well managed.

### Are services effective?

#### GOOD

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Uptake figures for cervical, breast and bowel screening and childhood immunisations were above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had provided a C-reactive protein (CRP) machine which had contributed to a reduction in antibiotic prescribing (out of a total of 77 patients tested over 7 months, only 17 received antibiotics - a reduction of 78% from the previous year). The CCG were monitoring use of this machine and considering rolling it out to other practices.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- The practice could demonstrate a reduction in referral rates in dermatology and cardiology.
- For over a year the practice had been taking part in peer review of referrals to ENT, orthopaedics, gynaecology and other areas of high referral activity with neighbouring practices. Referrals were reviewed against local guidance.

The practice had effectively monitored patients who were at risk of developing diabetes. Improvements had been seen in 33 patients (7.7%) with 20 (4.7%) patients who now had a normal HbA1c of less than 41mmol/mol. This meant that they were no longer classed at risk of developing Type 2 Diabetes (if they maintained their HbA1c at this level or below).

## Are services caring?

### OUTSTANDING

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. We were shown 86 thank you cards from patients received in the last year. Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Examples of this included staff going the extra mile to search for a patient with dementia who had left the practice and was confused, to ensure his safety.
- The practice told us that their patients were at the centre of everything they do: For example 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- The ethos of the surgery was that staff would be kind to their patients and have a warm manner and this was seen on the day of inspection. Patients we spoke with on the day and the patient survey results corroborated this: For example, 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%, 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

Outstanding



# Summary of findings

- The practice provided 'Lumley surgery Teddy Bears' to give to poorly or distressed children and emergency hygiene packs to patients who were to be admitted to hospital and needed them.
- The practice operated two quarterly staff award schemes, 'Make a difference' and the 'Extra Mile' award to reward and recognise compassionate care.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. An example included: patients who had unplanned admittance to hospital were contacted by their GP on discharge and asked their opinion on what they thought may have avoided the admission. 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89% and 100% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- We were told by members of the Patient Participation Group that the practice was a vital part of the community and that people in the village felt very lucky to have it. Also the staff at the practice knew their patients and evidence suggested this was of huge benefit to both parties.

## Are services responsive to people's needs?

### OUTSTANDING

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included participation in the 'frail and elderly' scheme and the 'weekend support for vulnerable patients' scheme.
- The practice participated in the unplanned admission scheme.
- The practice was one of only four in the local area to have been given approval by the CCG to offer comprehensive diabetes care, including insulin initiation, as they had ensured that staff were trained in this area. They offered this service to their own patients, and in the future would be offering this service to patients within the Chester-Le-Street Federation if their practices were not able to deliver this care. All nurses and GP's were to have further training in this area.
- The practice had invested in equipment including a dermoscope and near patient testing machine in response to identification of patient need in those areas. Antibiotic

Outstanding



# Summary of findings

prescribing by the practice had reduced considerably in the last year due to the investment in equipment and training. They were able to evidence that this had also reduced referrals to hospital and provided care close to home for their patients.

- The practice offered Saturday morning clinics for working patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patient survey results were consistently higher than other practices, both locally and nationally, recent results were that they were 8/7612 surgeries in England.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The GPs in the practice had undertaken further training in gynaecology (including endometrial sampling which they funded) and cardiology as these areas had been identified as areas of high referral rates previously. The practice participated in peer review of referrals with other practices to help ensure that they were appropriate to patient's needs. Referral rates had reduced following this: Referrals to dermatology had reduced by seven patients (41%) in quarter 1 2014/2015 to quarter 1 2015/2016 (with an increased direct referral rate to plastic surgery)
- Referrals to cardiology had reduced by 15 patients (37%) from quarter 1 2014/2015 to quarter 1 2015/2016.
- The practice employed a clinical pharmacist who supported staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

### OUTSTANDING

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

- A systematic approach was taken to working with other organisations and the community to improve care outcomes, tackle health inequalities and obtain best value for money.
- Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice hosted Practice Development

Outstanding



# Summary of findings

half days twice yearly and team building events had been implemented. The practice had introduced the 'Extra Mile' and 'Make a Difference' schemes which provided financial reward to staff who demonstrated kindness and care.

- The practice had acknowledged that there had been a period of unsettlement at the beginning of last year due to the senior partner retiring and the practice manager leaving and had taken steps to mitigate any unrest. The senior partner had completed extended leadership and coaching training and planned to extend her knowledge and skills further in this area. This included the use of research theory to identify strengths and roles of individual team members. We were told that this had increased the team cohesion and patient survey results had considerably improved following this initiative. Feedback from staff was very positive.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt valued and that they were part of a team with no hierarchy. Staff were involved in whole team meetings. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff provided cover for each other to go the extra mile, an example of this was the tracking down of a confused patient, staff had been alarmed when he had left the practice alone and consequently found him and brought him to safety.
- The practice had a very engaged patient participation group which influenced practice development. Feedback from the PPG was very positive and they told us that they felt the relationship was mutually beneficial and respectful.

# 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 OUTSTANDING

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a frail and elderly scheme in conjunction with the Clinical Commissioning Group whereby trained practice nurses carried out home assessments. Those assessed as having further needs were signposted onwards as appropriate.
- The practice offered a weekend support for vulnerable patient's scheme in conjunction with the Clinical Commissioning Group. Patients identified as potentially needing contact over the weekend were informed of the scheme and telephone contacts or visits were arranged.
- GPs had extended their skills in cardiology, gynaecology and dermatology to improve the service to their patients.
- The practice pharmacist carried out reviews for elderly patients on multiple medications in their own home including patients who were not housebound.

Outstanding



### People with long term conditions OUTSTANDING

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 81% which was in line with local figures of 81% and national figures of 81%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86% which was above local figures of 81% and national figures of 78%.

Outstanding



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice staff had undertaken extra training in diabetes and were responsible for providing a new service to their own patients and also diabetic patients in the federation area. This was in response to the present service being discontinued and was due to commence shortly.
- Patients benefitted from near patient testing due to equipment purchased by the practice. This ensured that they were treated appropriately with antibiotics.
- The practice pharmacist carried out reviews for patients on multiple medications.

## Families, children and young people OUTSTANDING

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 85% which was in line with local figures of 83% and national figures of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided knitted teddy bears to babies and children who were distressed or poorly.
- The practice ran a well woman clinic with extended contraceptive and women's health advice including endometrial sampling, which was overseen by a GP with extended training in gynaecology.

Outstanding



# Summary of findings

## **Working age people (including those recently retired and students)**

### **OUTSTANDING**

The practice is rated as outstanding 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 reflects the needs for this age group.
- Patients at risk of developing diabetes had been identified by the practice and were called in for regular reviews. This had been originally implemented two years ago as part of the 'improving outcomes scheme' with the CCG but had been continued and had now been funded by the practice for six months.

Outstanding



## **People whose circumstances may make them vulnerable**

### **OUTSTANDING**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. We were told that the practice staff knew their patients and could identify causes for concern.
- Vulnerable patients who were admitted to hospital were provided with a hygiene pack which included toiletries.
- 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.

Outstanding



## **People experiencing poor mental health (including people with dementia)**

### **OUTSTANDING**

Outstanding



# Summary of findings

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was above the local average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had strong links with the local mental health charity.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing significantly above local and national averages. 216 survey forms were distributed and 125 were returned. This represented just under 3% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 99% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. We also received eight patient questionnaires which we gave out and were completed on the day and spoke with three members of the patient participation group. Key points from the comment cards and questionnaires were that patients felt listened to and supported and that the practice provided kind, friendly and excellent care.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest friends and families test indicated that 100% of patients would recommend the practice.

## Outstanding practice

The practice had purchased equipment to provide near patient testing to patients. This ensured correct treatment with antibiotics was provided and had reduced antibiotic prescribing figures in line with national guidance.

The practice worked strongly with the local community and patients told us there was a strong family feel and sense of community spirit. The practice had implemented a scheme whereby patients in need were provided with hygiene packs made up by the Women's Union if they were admitted to hospital. These included essential toiletries.

The leadership in the practice drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice had introduced the 'Extra Mile' and 'Make a Difference' schemes to incentivise and reward staff and recognise compassionate care.

# The Surgery - Great Lumley

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to The Surgery - Great Lumley

The Surgery, Great Lumley is a purpose built GP premises in Great Lumley, Chester-Le-Street, County Durham. They have a General Medical Services (GMS) contract and also offer enhanced services for example: minor surgery. The practice covers the area of Great Lumley, Chester-Le-Street and is situated approximately two miles from Chester-Le-Street town centre. Car parking facilities are good. Transport links are satisfactory. There is a pharmacy situated behind the practice. There are 4880 patients on the practice list and the majority of patients are of white British background. The practice catchment area is classed as 7 out of 10 in the Indices of Multiple Deprivation (The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is). The area is an ex-mining community.

The practice consists of two GP partners, both female. There are also two salaried GPs (one female and one male). One of the salaried GPs is hoping to join the partnership soon. The practice has seen a turnover in staff in the last year as the Senior Partner retired and the Practice Manager left.

The practice is supported by a practice manager along with reception and administration staff. There is a nurse practitioner an independent prescriber, two practice nurses and a health care assistant all of which are female. The practice employs a pharmacist.

The practice is a teaching and training practice, patients are able to be seen by GP's, doctors training to become a GP and Foundation Year two doctors.

The practice is open between 8.15am and 5.45pm Monday to Friday with phone lines open from 8am to 6pm. Appointments are from 8.30am to 5.30pm daily. Extended hours appointments were offered every Saturday from 8am to 10.45am.

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

### Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2016. During our visit we:

- Spoke with a range of staff including GPs, managers, nurses and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Our findings

#### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice, including a log which detailed action taken in response to Medicines and Healthcare Products Regulatory Agency alerts (MHRA).

#### Overview of safety systems and processes

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

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

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2. We found that not all staff had attended safeguarding children training updates within the last year.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Nurse Practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- The practice ensured that they had systems in place to monitor high risk medications: including safeguards on the computer system, a robust repeat prescribing system and systems in place for disease-modifying antirheumatic drugs (DMARDs) and lithium monitoring.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with an exception reporting rate of 7.3% which was lower than local (8.2%) and national (9.2%) averages. (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).

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

- Performance for diabetes related indicators was similar to the local and national average.

The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% with a local average of 96% and national average of 94%.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 87% which was above the local average of 79% and the national average of 78%.

- Performance for mental health related indicators was similar to the national average. The percentage of

patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit following Health Protection Agency Guidelines regarding antibiotic prescribing included a reduction in urine specimens sent for culture as per national guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Further education had been undertaken with regard to antibiotic prescribing, dermatology, cardiology and gynaecology and the practice could provide evidence as to their effectiveness in reducing referrals to secondary care. This also resulted in providing care more quickly and closer to home for their patients.
- The practice had provided a C-reactive protein (CRP) machine which had contributed to appropriate prescribing for patients and a reduction in antibiotic prescribing (out of a total of 77 patients tested over 7 months, only 17 received antibiotics - a reduction of 78% from the previous year) and the CCG were monitoring use of this machine and considering rolling it out to other practices. (C-reactive protein (CRP) is produced by the liver and the level of CRP rises when there is inflammation throughout the body indicating infection).
- GPs had completed extra training in cardiology, dermatology and gynaecology, following identification of high referral rates in these areas. As a result of this we were shown figures to support a reduction in referrals to secondary care in the last year as follows,
- Referrals to dermatology had reduced by seven patients (41%) in quarter 1 2014/2015 to quarter 1 2015/2016 (with an increased direct referral rate to plastic surgery to remove facial Basal Cell Carcinoma/Squamous Cell

# Are services effective?

## (for example, treatment is effective)

Carcinoma or Melanoma). The practice told us that they had been able to refer eleven patients directly to plastic surgery because of their increased knowledge, thereby reducing costs and trauma to patients.

- Following further cardiology training undertaken by one of the GPs during his GP training, referrals to cardiology had reduced by 15 patients (37%) from quarter 1 2014/2015 to quarter 1 2015/2016.
- For over a year the practice had been taking part in peer review of referrals to ENT, orthopaedics, gynaecology and other areas of high referral activity with neighbouring practices. Referrals were reviewed against the Clinical Support Information from the CCG.
- The practice participated in using in-house second opinions regarding referrals and GP Registrars and F2 Doctors received tutorials regarding referrals.
- The practice held a “at risk of Diabetes” register which had 429 patients. They had been providing reviews with the nurse practitioner with personalised and targeted advice for the last two years. The aim of this clinic was to encourage patients to make lifestyle changes to prevent the development of type 2 diabetes and its associated complications. This was originally funded by the ‘improving outcomes scheme’ in conjunction with the CCG but was now funded by the practice (since March 2016).

Improvements had been seen in 33 patients (7.7%) with 20 (4.7%) who now had a normal HbA1c of less than 41mmol/mol so they were no longer at risk of developing type 2 diabetes (if they maintained their HbA1c at this level or below).

A further 13 (3%) had reduced their HbA1c thereby reducing their risk of developing type 2 diabetes. These patients were still at risk of developing type 2 diabetes, however 11 (85%) of these patients who were at high risk of developing the disease (HbA1c 45-47 mmol/mol) had reduced their HbA1c value to being at low risk of developing the disease (HbA1c 42-44mmol/mol).

Information about patients’ outcomes was used to make improvements such as: improvement was made to appropriate inhaler treatment for asthma and chronic obstructive pulmonary disease sufferers.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance, however we found that some safeguarding children and information governance training was overdue. We were told by the practice that this would be done as a priority following the inspection. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and

# Are services effective?

(for example, treatment is effective)

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

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who were at risk of unplanned admission to hospital. Patients were signposted to the relevant service.

- A dietician and smoking cessation advice was available.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 83% and the national average of 82%. The bowel screening uptake was 67% which was higher than the local average of 62% and the national average of 58%, and the breast screening uptake was 78% which was higher than the local average of 76% and the national average of 72%.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 95% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were extremely kind, courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff and patients gave us numerous examples of kindness and compassion. We were told that vulnerable or elderly patients living alone were regularly taken home by staff members to ensure their safety. Staff told us about their search into the town of Chester-Le-Street for a confused patient suffering from dementia who had left the practice alone.
- The practice worked in partnership with the Women's Union and had devised and implemented a scheme whereby hygiene packs were given to vulnerable patients who were admitted to hospital, they also gave poorly and distressed children knitted teddy bears.
- One staff member told us of the outstanding support she had been given by the whole team following a bereavement.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also collected eight patient questionnaires which we gave out on the day and they were aligned to these views.

We spoke with three members of the patient participation group (PPG) and received feedback questionnaires from three more. They also told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that the practice

listened to them. Action taken as a result of PPG collaboration included the implementation of appointment cards and text appointment reminders to minimise no shows which had a positive effect. Comment cards highlighted that staff responded very compassionately when they needed help and provided support when required.

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

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 100% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We were told by a GP that they would telephone patients who had had an unplanned admission to hospital to ask them what they thought could have prevented the admission.



## Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice told us that they regularly reviewed the patient survey and responded to results accordingly. Results were above local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice greatly valued patient satisfaction and had implemented staff reward schemes dependent on improved patient survey results. The two schemes were the 'extra mile scheme' and the 'make a difference scheme' which were quarterly awards to staff to reward good service. They told us that they had focussed on shared decision making with their patients to improve patient survey results. We were shown evidence on the day to confirm that patient survey results had improved recently and they were significantly better than CCG and national averages.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (2.5% of the practice list) and had a carer's champion. The Carers Association had been invited into the practice to raise awareness of their services. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the administration staff would send a sympathy card on behalf of the practice and then add them to the home visit list for a bereavement visit at an appropriate time by their usual GP.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 8am to 10.45am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. We were told that a hearing loop had been ordered.
- The practice had put in a bid for funding to provide automatic doors for disabled access.
- The practice offered a weekend service for the frail elderly patients, including those with palliative care needs, housebound patients and care home patients. This was a joint initiative between the CCG and the Federation (which consisted of six local practices in the area). This was available from 8am to 6pm Saturday and Sunday and the local GPs were on a rota system to provide telephone consultations and appointments to these patients if required. This scheme was in its infancy but the aim was to help prevent any unnecessary hospital admissions. Patients identified by clinicians as needing the service were given a mobile contact number to talk directly to a GP.
- The practice employed a clinical pharmacist who supported staff at the practice through review of medicines prescribed, promoting best practice and providing advice for prescribing.

- Patients who were assessed as being at risk of developing diabetes were reviewed regularly by the practice nurse; this service had previously been a CCG initiative but was now funded by the practice.
- In response to the practice having high antibiotic prescribing figures, they had provided equipment to test patients at the surgery in order to determine the need for antibiotics, thereby preventing unnecessary treatment and reducing prescribing costs. We were shown evidence that these figures had improved.
- Two GPs and one practice nurse had completed extra training in the initiation of insulin in response to a reduction in this service from secondary care. The practice was one of only four who had been chosen by the CCG to provide this service in the local area.
- The practice had established good links with the local community and charities such as 'If u care share', a mental health charity. They also participated in the local newsletter each quarter.
- The practice ran a well woman clinic with extended contraceptive and women's health advice including endometrial sampling, which was overseen by a GP with extended training in gynaecology.

### Access to the service

The practice was open between 8.15am and 5.45pm Monday to Friday. Appointments were from 8.30am to 5.30pm daily. Telephone lines were open from 8am to 6pm daily. Extended hours appointments were offered every Saturday from 8am to 10.45am. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 97% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 95% of patients described their experience of making an appointment as good compared to the local average of 75% and the national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 98% of patients said the last appointment they got was convenient compared to the local average of 92% and the national average of 92%
- The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' was 94% compared to the local average of 74% and the national average of 73%.

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

The practice had a system in place to assess:

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

This would be by a telephone call from a GP to assess the situation further.

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a leaflet and poster.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, further staff training was undertaken following a problem with the electronic prescribing system.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The leadership, governance and culture of the practice was used to drive and improve the delivery of high quality person-centred care. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had recognised a period of change and unsettlement following the loss of two key members of staff within the last year. They had implemented strategies to mitigate the negative effect of the change on their staff. The practice had an overarching governance framework which supported the delivery of the strategy and 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. The practice had two team building days each year and had used them to identify each individual's role within the organisation. This included the use of research theory to identify strengths and roles of individual team members. We were told that this had increased the team cohesion and patient survey results had considerably improved following this initiative. Feedback from staff was very positive.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the senior partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The senior partner told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We were told that the practice prioritised leadership and highly valued their staff.

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

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

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

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

# Are services well-led?

Outstanding



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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example:

The practice had introduced the 'Extra Mile' and 'Make a Difference' schemes which incentivised and provided financial reward to staff who demonstrated kindness and care.
- Staff were also incentivised to drive patient survey improvement and we saw evidence that this had been effective.

## 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.

- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The practice had strong links with the local community and the local Women's Institute at the church and liaised with them to provide support for their patients. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a bid for automatic doors for disabled access and the provision of a door bell for wheelchair users to access assistance. Members of the PPG told us that they felt extremely lucky to have the practice in their local area.

- Innovative approaches were used to gather feedback from people who use services and the public. We were told that the practice circulated their newsletter in the local area including at the church and the allotments.
- The practice had gathered feedback from staff through staff away days and 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice participated in CRP near patient testing following investment in equipment and provided extended contraceptive and women's health advice including endometrial sampling. The practice had introduced the 'Extra Mile' and 'Make a Difference' schemes to incentivise and reward staff and recognise compassionate care. The partners planned to undertake further training in Ear, Nose and Throat conditions in order to offer more expertise to patients and reduce unnecessary referrals to secondary care (hospital).