

The Medical Group

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Medical Group on 10 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- Patients we spoke with raised no concerns regarding making an appointment and only a small number of patients who completed CQC comment cards raised concerns (8%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review frequency of controlled drug checks in line with the practice standard operating procedures and maintain appropriate records of expiry checks within the dispensary. Review the arrangements for tracking pre-printed prescription stock through the practice.

Summary of findings

- Have a comprehensive system for planning and carrying out clinical audits.

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.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic and infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. However, there were some areas where improvements could be made. The practice should review the frequency of controlled drugs checks, maintain appropriate records of expiry checks in the dispensary and review the arrangements for tracking pre-printed prescription stock through the practice.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than local clinical commissioning group (CCG) and national averages. They had achieved 94.9% of the points available to them for 2014/15 (CCG average 98%, national

Good



Summary of findings

average 94.8%). The practice were an outlier for diabetes related indicators. They had carried out a clinical audit on medicines used by diabetes patients. They were also to launch a new model of care for diabetes patients from April 2017

There was evidence of clinical audit activity however, given the size of the practice we would expect that they would have undertaken more full two cycle audits in order to assure that their clinical provision was meeting patients' needs.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were comparable with local CCG and national averages in respect of being treated with compassion, dignity and respect. They were, however, lower than local and national averages regarding their involvement in planning and making decisions about their care and treatment with their GP. For example, 84% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%. The practice had plans to devise an action plan in November 2016 to address the lower scores.

The practice identified carers and ensured they were signposted to appropriate advice and support services. At the time of our inspection they had identified 498 of their patients as being a carer (approximately 2% of the practice patient population).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

Good



Summary of findings

Results from the National GP Patient Survey showed that patient's satisfaction with accessing care and treatment was comparable, or above local and national averages, for example, 78% of patients described their experience of making an appointment as good compared to the local CCG average of 77% and national average of 73%. Patients we spoke with raised no concerns regarding making an appointment and only a small number of patients who completed CQC comment cards raised concerns (8%).

Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a five year business plan which documented priorities such as manage change and to develop as a training practice.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, performance for atrial fibrillation related indicators were above the national average (100% compared to 99.2% nationally). The practice offered proactive, personalised care to meet the needs of the older people in its population.

All patients over the age of 75 had a named GP. The practice offered home visits as required. Prescriptions could be sent to any local pharmacy electronically. There was a volunteer car scheme available to bring patients who were less mobile to the practice. The practice had a palliative care register which was discussed at the monthly palliative care meeting.

The practice reviewed patients at risk of unplanned admission to hospital and care plans were in place for the most vulnerable which were reviewed regularly. There was a frail elderly service provided to 225 patients. The aim of this was to provide physical and mental health care to patients with long-term healthcare needs who do not reside in a care home. All had received a personalised care plan in the last 12 months, which included falls assessment, nutritional assessment, medication review, depression screening and memory assessment. The service was managed by a nurse practitioner.

The nurse practitioners and community matrons worked closely with the local care homes to offer additional support to patients who lived there.

Good



People with long term conditions

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

The practice had a register of patient with long term conditions which they monitored closely for annual call and recall appointment for health checks. There were longer appointments available for these clinics. Extended opening hours and home visits were available when needed.

The nursing staff had lead roles in chronic disease management, for example heart failure, chronic obstructive pulmonary disease (COPD), diabetes and palliative care. Patients at risk of hospital admission were identified and regularly reviewed by the nurse

Good



Summary of findings

practitioner. In house diabetic clinics were managed by the diabetes specialist nurses. The practice were to launch a new model of diabetes care from April 2017, they were currently discussing this with the PPG.

There was an anticoagulation monitoring service provided by the practice which was an additional service the practice received funding for. This was for all patients in the area.

The clinical staff kept themselves updated with new guidance via educational meetings.

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. There were quarterly safeguarding meetings held at each practice.

The practice were awarded Investor in Children status in November 2015. A further review of this was underway. This involved being inspected by children who come to the surgery to ensure it is suitable for them. The practice had dedicated notice boards in each surgery with information for children and young people.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98%, compared to the CCG averages of 98% to 99% and for five year olds from 97% to 99%, compared to CCG averages of 97% to 99%.

The practice's uptake for the cervical screening programme was 80%, which was in line with the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies, there were baby changing and breast feeding facilities. Mother and baby clinics were offered every week at each surgery. Child immunisations were carried out by making an appointment with the practice nurse.

There was a sexual health and family planning service, contraceptive implants could be arranged.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. A text reminder service was used to advise patients of pre-booked appointments. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available, including telephone appointments as well as extended opening hours.

People whose circumstances may make them vulnerable

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

The practice held a learning disability register of 120 patients; all patients were offered an annual review. The practice operated an enhanced learning disability service which was provided by the registered mental health nurse who worked at the practice. There were plans for a learning disability audit to be carried out at the practice to see if services for this group of patients could be improved.

Patients were able to access an interpreter when necessary. A member of the practice team was trained in British Sign Language.

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.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 498 patients on the carer's register which was 2% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them and there was a dedicated notice board in each surgery. The practice were soon to sign up to a carers charter and were due to meet with a representative from the local carers organisation.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. The registered mental health nurse at the practice managed the clinics. They told them how to access various support groups and voluntary organisations.

The practice were the only GP surgery providing services to a local 26 bed privately run hospital which specialised in mental health rehabilitation for women.

Performance for mental health related indicators was better than national average. For example performance for dementia indicators was above the national average (100% compared to 94.5% nationally). Some of the practice staff had received dementia friends training.

Summary of findings

What people who use the service say

We spoke with nine patients on the day of our inspection, which included two members of the practice's patient participation group (PPG). This was broken down as follows, two at Meadowfield Surgery, four at Ushaw Moor Surgery, two at Tow Law Surgery and one at Esh Winning Surgery. All of the patients were happy with the service they received from the practice. Comments used to describe the service included excellent, good and alright.

We reviewed 166 CQC comment cards completed by patients prior to the inspection. There were comment card boxes placed in all of the five surgeries. The breakdown of comments from these were as follows;

- Meadowfield Surgery, 45 comment cards, all generally positive with common words used including, good, caring and helpful. Nine of the cards had concerns about not being able to obtain an appointment.
- Esh Winning Surgery, 26 comment cards, all positive, common words used including, excellent, good and friendly staff.
- Langley Park Surgery, 43 comment cards all very positive, common words used including, first class service, friendly, caring and efficient.
- Tow Law Surgery, 25 comment cards, generally positive, common words used including, excellent, good and helpful. There were four cards with some concerns but these were unrelated.
- Ushaw Moor Surgery, 27 comment cards, all positive about care, common words used including, fabulous, excellent and brilliant. Four patients raised concerns about obtaining an appointment.

The latest National GP Patient Survey published in July 2016 showed that scores from patients were mostly lower than national and local averages. The percentage of patients who described their overall experience as good

was 84%, which was lower than the local clinical commissioning group (CCG) average of 89% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 75% (local CCG average 82%, national average 80%).
- 84% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 82% said the GP gave them enough time compared to the local CCG average of 90% and national average of 87%.
- 97% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 96% said the nurse gave them enough time compared to the local CCG average of 95% and national average of 92%.
- 71% said they found it easy to get through to this surgery by phone compared to the local CCG average 74%, national average 73%.
- 78% described their experience of making an appointment as good compared to the local CCG average 77%, national average 73%.
- 89% said they find the receptionists at this surgery helpful (local CCG average 90%, national average 87%).

These results were based on 131 surveys that were returned from a total of 250 sent out; a response rate of 52% and less than 1% of the overall practice population.

The practice had plans in place for November 2016 to discuss with the GPs, staff and the PPG the results of the National GP Patient Survey to devise an action plan to see where the practice could improve.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Review frequency of controlled drug checks in line with the practice standard operating procedures and maintain appropriate records of expiry checks within the dispensary. Review the arrangements for tracking pre-printed prescription stock through the practice.
- Have a comprehensive system for planning and carrying out clinical audits.

The Medical Group

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 advisor, a practice nurse specialist advisor, second CQC inspector and a CQC pharmacy inspector.

Background to The Medical Group

The Medical Group provides Primary Medical Services to towns and villages in the West Durham area. Services are provided from five locations;

- The Surgery, Sawmills Lane, Meadowfield, Durham, DH7 8NH
- Esh Winning Surgery, Mackenzie House, Newhouse Road, Esh Winning, DH7 9LA.
- Langley Park Surgery, Sir Bobby Robson House, Rear Church Street, Langley Park, DH7 9XD.
- Tow Law Surgery, Charlton house, Rear High Street, Tow Law, DL13 4DH.
- Ushaw Moor Surgery, Millyard House, Durham Road, Ushaw Moor, DH7 7QH.

We visited all five practices on the day of the inspection.

The practice dispenses medicines from the Esh Winning Surgery; this means under certain criteria they can supply eligible patients with medicines directly.

The practice has a General Medical Services (GMS) contracts with NHS England and provides services to approximately 24,000 patients of all ages. All of the surgeries were purpose built. There was step free access to

all of the premises and they all had a car park with marked disabled bays. Facilities were mostly on the ground floor, at Meadowfield Surgery there was a serviced lift to the first floor for patient use.

The practice has thirteen GP partners and four salaried GPs. Ten are male and seven female. Some of the GPs work part-time; the whole time equivalent (WTE) of GPs is 13.62 or 109 sessions per week. The practice is a training practice which has GP trainees allocated to them (fully qualified doctors allocated to the practice as part of a three-year postgraduate general practice vocational training programme). Four of the GPs are trainers. There are 15 nursing staff, some of which are part-time, which includes, one practice nurse lead, three nurse practitioners, six practice nurses, one mental health nurse and four healthcare assistants. The WTE is 11.96. There are two dispensary staff, WTE 1.33. There are twelve office staff which includes the practice manager, finance administrator, assistant managers, secretaries, and a courier which is 10.1 WTE. There are twenty reception staff, which includes, a reception manager and lead receptionists which equates to 18.19 WTE. There are six cleaners which equates to 2.02 WTE.

The practice is part of North Durham clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice opening and consulting hours are as follows;

- Meadowfield Surgery, open weekdays 8am Monday to Wednesday and Friday and until 6pm Wednesday and Friday and extended opening hours from 7am on Thursday and until 7.30pm on Monday Tuesday and Thursday. Consulting times run from 8am until 5.30pm and from 7am until 7.30pm on extended opening times.

Detailed findings

- Esh Winning Surgery, open weekdays 8am Monday and Wednesday to Friday and until 5.30pm. On Tuesday there are extended opening hours from 7am. Consulting times run from 8.30am until 5.30pm and from 7am extended opening times.
- Langley Park Surgery, open weekdays 8am until 5.30pm Monday to Wednesday and Friday, the practice is closed on Thursday afternoon. Consulting times run from 8.30am until 5.30pm and to 11.30am on Thursday.
- Tow Law Surgery, open weekdays 8am until 5.30pm, the practice is closed on Thursday afternoon. There is extended opening hours Wednesday until 7.30pm. Consulting times run from 8.30am until 5.30pm and to 11am on Thursday and 7.30pm on extended opening hours.
- Ushaw Moor Surgery, open weekdays 8am and until 5.30pm Tuesday to Friday. On Monday there are extended opening hours to 7.30pm. Consulting times run from 8.30am until 5.30pm and to 7.30pm on extended opening times

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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. This inspection was planned to check whether the registered 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?

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 we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 10 November 2016.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice manager was responsible for their collation. They maintained a schedule of these, there had been 97 in the last 12 months. Significant events were discussed at the practice meetings which were held at the individual practice sites, where relevant and there were quarterly significant event meetings. We saw minutes of these meetings. Feedback was also provided in the practice weekly bulletins for staff. Where incidents and events met the threshold criteria, these were also added to the local CCG Safeguard Incident & Risk Management System (SIRMS). The practice kept a spreadsheet of the events which were categorised, for example, clinical, confidentiality and procedure. The practice told us they did not hold an annual review of these but were already aware that this was something they should do.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. They gave us examples of feedback from recent incidents which included an incident regarding passwords given to patients for the on-line access system. As a result of feedback from a patient a significant event was raised and the system for the collection of passwords from the practice was improved as the patient had not been prompted to collect their password. 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).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts.

Overview of safety systems and processes

The practice could demonstrate a safe track record through having systems in place for safeguarding, health and safety, including infection control, and staffing.

- Arrangements were in place to safeguard adults and children from abuse that 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. The practice had information boards in staff areas with key contact information and general information regarding safeguarding. The practice had a protected learning time session in the last year where they reviewed the safeguarding arrangements at each surgery.

- One of the practice GP partners was the lead for safeguarding adults and another for children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There were quarterly safeguarding meetings at each of the surgeries. Community health care staff, for example, a health visitor and midwife attended the meetings. Staff demonstrated they understood their responsibilities and had all received safeguarding children training relevant to their role. Both safeguarding leads had received level three safeguarding children training.
- There were notices displayed in the waiting areas of the practice and in clinical rooms, advising patients that they could request a chaperone, if required. The practice nurses and some of the reception staff carried out this role. They had all received chaperone training. All staff who carried out chaperone duties 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, patients commented positively on the cleanliness of the practice. One of the practice nurses was the infection control lead. There were infection control policies, including a needle stick injury policy. There were quarterly infection control audits and actions from this followed up. There were legionella risk assessments for each surgery. We saw documentation to confirm this. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.

Medicines management

- The arrangements for managing medicines, including vaccinations and medicines used in emergencies, kept patients safe. Prescriptions were dispensed at Esh Winning Surgery for patients who did not live near a pharmacy.
- The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.
- A process was in place to check medicines were within their expiry date on a monthly basis; however, this was not formally recorded. All medicines we checked were in date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed, however, these were not always followed by practice staff. For example, the surgery standard operating procedure stated checks were to be carried out monthly; however, this did not happen in the dispensary. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. We were shown how the practice would record incidents/near misses (a record of dispensing errors that have been identified before medicines have left the dispensary) and minutes of the meeting where these errors would be discussed should there be any. All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed medication review dates and how prescriptions were monitored, including those that had not been collected.
- We checked medicines stored in the dispensary refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.

- Prescription pads were stored securely and there were systems in place to monitor their use, however, there was no system in place to track them through the practice.
- Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

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 and risk assessment. The practice manager told us that the finance administrator had responsibility for these and had received specific training for this. There were fire risk assessments in place. There were two trained fire wardens at each surgery; they tested the fire equipment every week. The last fire drill was in February 2016. Staff had received fire and health and safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There had been asbestos risk assessments carried out. The practice manager and finance administrator carried out twice yearly audits of each of the practice premises to check for health and safety or maintenance issues.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice occasionally used locum cover. There were rotas in place for GP and administration staff cover. This was managed at each surgery.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services safe?

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis, there was also an emergency

mobile phone which had the emergency telephone numbers stored. The plan had been tested recently when the practice computer system was unavailable for two days.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff kept themselves up to date via clinical and educational meetings. There were educational meetings every third Monday of the month. There were dedicated chronic disease nurses.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 94.9% of the total number of points available to them, with a clinical exception reporting rate of 5.1%. The QOF score achieved by the practice in 2014/15 was slightly above the England average of 94.8% and below the local clinical commissioning group (CCG) average of 98%. The clinical exception rate was below the England average of 9.2% and the CCG average of 8.2%. 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.

Shortly before our inspection, the QOF data for 2015/16 was released. This showed that the practice QOF performance had reduced slightly, with an overall achievement of 92.7%, (local CCG average of 97.8%, and a national average of 95.4%), and an overall exception reporting rate of 5.3%.

The practice were an outlier for diabetes related indicators. They had carried out a clinical audit on medicines used by diabetes patients. They were also to launch a new model of care for diabetes patients from April 2017.

The data showed:

- Performance for diabetes related indicators was below the national average (84.9% compared to 89.2% nationally). For example, the percentage of patients on the diabetes register who had an influenza immunisation was 93.8%, compared to a national average of 94.5%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were marginally below the national average (95.9% compared to 96% nationally). The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 85.6% which was lower than the national average of 89.9%.
- Performance for mental health related indicators was above the national average (99.2% compared to 92.8% nationally). For example, 91.4% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).
- Performance for asthma related indicators was above the national average (100% compared to 97.4% nationally).

We saw examples of two, two-cycle clinical audits which were carried out to demonstrate quality improvement. For the size of the practice this was a low amount. There were other audits regarding combined oral contraceptive pill and patient's body mass index (BMI) and medication used to treat high blood pressure.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. We saw examples of these; they were called achievement and endeavour. Staff told us

Are services effective?

(for example, treatment is effective)

they felt supported in carrying out their duties. The nurse practitioners were appraised by the GP partners and the practice manager. The lead nurse practitioner appraised the practice nurses.

- All GPs in the practice had undertaken revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GPs did not receive in house appraisals.
- Staff received training that included: fire and health and safety, equality and diversity, basic life support, safeguarding children and adults, infection control, customer service and information governance awareness. Clinicians and practice nurses had completed training relevant to their role. However, not all staff had received health and safety training, which the practice manager told us was in hand and to be arranged. Staff had been encouraged to study national vocational qualifications (NVQ) in business administration and customer service. The practice gave staff study time for this.
- The practice is a training practice for trainee doctors. There were four GP trainers at the practice, with four trainees at the time of the inspection.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. Patient information 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. All relevant information was shared 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. Multi-disciplinary team meetings (MDT) took place at each practice, this included a quarterly safeguarding meeting. The practice discussed the palliative care register at their monthly palliative care meetings. The practice provided us with a case study which demonstrated the care and ongoing support from the whole MDT, provided to a

patient receiving palliative care following hospital discharge. All deaths of patients were reviewed at the MDT meetings to ensure any learning from these could be taken forward.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. We saw an example of a consent form. The practice provided us with a case study which demonstrated the assessment of capacity for a patient which was undertaken in the patient's best interests.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was in line with the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98%, compared to the CCG averages of 98% to 99% and for five year olds from 97% to 99%, compared to CCG averages of 97% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the nurse or GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desks and on the telephone and that they were treated with dignity and respect.

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

We reviewed 166 CQC comment cards completed by patients prior to the inspection. Almost all of the cards completed were positive. Common words used to describe the practice included, excellent, good, fabulous, friendly, caring and efficient.

We spoke with nine patients on the day of our inspection. All of the patients were happy with the service they received from the practice. Comments used to describe the service included excellent, good and alright.

Results from the National GP Patient Survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were comparable with local and national satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 95% 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%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 99% and the national average of 97%.
- 89% 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 that 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient's responses were lower than local and national averages regarding their involvement in planning and making decisions about their care and treatment, other than the scores for nurses. For example, of those who responded:

- 84% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 86% 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% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had plans to devise an action plan in November 2016 to address the issues associated with the lower scores.

Staff told us that translation services were available for patients who did not have English as a first language. A member of the practice team was trained in British Sign Language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations and there was a good range of leaflet information available in

Are services caring?

the waiting area. This included information regarding carers, dementia, veteran's services, community news and a specific board in each surgery regarding young people's services.

The practice gave us examples of where they had helped patients in crisis, at difficult times in their lives and where they had gone beyond what was expected to ensure good outcomes for patients.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering

health checks and referral for social services support. There were 498 patients on the carer's register which was 2% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them and there was a dedicated notice board in each surgery. The practice were soon to sign up to a carers charter and were due to meet with a representative from the local carers organisation.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

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. For example, the practice was involved in the CCG led prescribing incentive scheme. They had selected three mini audit topics to develop their own audit process.

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

- Telephone consultations were available if required.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not travel to the surgery.
- Specialist clinics were provided including minor surgery, which included contraceptive implants, and joint injections. The practice carried out travel vaccinations.
- There was a sexual health and family planning service.
- There was an anticoagulation monitoring service provided by the practice which was an additional service the practice received funding for. This was for all patients in the area.
- There was a support worker available to provide an in house counselling service.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services, for example, there was a hearing loop available.
- There was a volunteer car scheme available to bring patients who were less mobile to the practice.
- Mother and baby clinics were offered every week at each surgery. Child immunisations were carried out by making an appointment with the practice nurse.

Access to the service

The practice opening and consulting hours were as follows;

- Meadowfield Surgery, open weekdays 8am Monday to Wednesday and Friday and until 6pm Wednesday and

Friday and extended opening hours from 7am on Thursday and until 7.30pm on Monday Tuesday and Thursday. Consulting times ran from 8am until 5.30pm and from 7am until 7.30pm on extended opening times.

- Esh Winning Surgery, open weekdays 8am Monday and Wednesday to Friday and until 5.30pm. On Tuesday there were extended opening hours from 7am. Consulting times ran from 8.30am until 5.30pm and from 7am extended opening times.
- Langley Park Surgery, open weekdays 8am until 5.30pm Monday to Wednesday and Friday, the practice was closed on Thursday afternoon. Consulting times ran from 8.30am until 5.30pm and to 11.30am on Thursday.
- Tow Law Surgery, open weekdays 8am until 5.30pm, the practice was closed on Thursday afternoon. There were extended opening hours Wednesday until 7.30pm. Consulting times ran from 8.30am until 5.30pm and to 11am on Thursday and 7.30pm on extended opening hours.
- Ushaw Moor Surgery, open weekdays 8am and until 5.30pm Tuesday to Friday. On Monday there were extended opening hours to 7.30pm. Consulting times ran from 8.30am until 5.30pm and to 7.30pm on extended opening times.

From the 166 CQC comment cards which were completed by patients prior to the inspection, 13 patients raised concerns about not being able to obtain an appointment when they needed one. Nine were completed at the Meadowfield Surgery and four at the Ushaw Moor Surgery. None of the nine patients we spoke with on the day of the inspection raised concerns about obtaining an appointment.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example;

- 84% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 76%.
- 71% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 74% and national average of 73%.
- 78% of patients described their experience of making an appointment as good compared to the local CCG average of 77% and national average of 73%.

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

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to see a GP in three working days and emergency appointments available that day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was

the designated responsible person who handled all complaints in the practice. They kept a comprehensive spreadsheet of the complaints which noted the details so they could be managed appropriately.

We saw the practice had received 68 complaints in the last 12 months, of which 30 were written and 38 verbal and these had been investigated in line with their complaints procedure. There was an annual review of the complaints at the end of each financial year where they were analysed for any patterns or trends. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

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 vision which was to 'working together to achieve the same result – the best healthcare in the community'.

The practice had a practice five year development plan. Plans from this included, maintaining the practice list size and income, using fewer resources and to be 'greener'. To manage change, achieve sustainable workloads, maximise staff retention, develop as a training practice and maximise the use of the practice buildings.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the GP partners were involved in the day to day running of the practice.
- There were leads for areas such as safeguarding, mental capacity issues and information governance.
- Practice specific policies were implemented and were available to all staff.
- Managers had an understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a programme of clinical audit; however this was limited for the size of the practice.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were monthly surgery meetings, nurse meetings and GP education meetings every third week. There were business meetings with the partners and practice manager. The practice held quarterly safeguarding meetings and monthly palliative care meetings at each practice. There were quarterly significant event meetings. We saw examples of minutes of these meetings.

The practice had an intranet system which staff found useful; it held all policies, procedures, agendas and minutes of meetings and links to guidance on external websites. Rotas and holidays could also be viewed.

The practice had a bulletin for staff which was circulated every Friday. It was used to communicate practice information, share good practice, provide information about training and development opportunities and to celebrate achievements. Staff told us they found this useful.

The practice knew their priorities they had plans in place for areas they needed to work on for example GP recruitment and access to appointments.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a patient survey and formal and informal complaints received and the practice participation group (PPG).

The practice had a patient participation group (PPG) with approximately 36 members who met every month. There was one group made up of patients from all five surgeries. They aimed to hold meetings at each site twice a year and the times of the meetings were alternated between afternoon and evening to ensure patients had the opportunity to attend. We spoke with two members of the PPG. They told us the group were very active and the practice were open to suggestions from the group. They had secured access to an in house counselling service for the practice. The group had discussed with the practice how they thought the appointments system could be improved, which had led to improvements. Representatives from the group attended a mother and

Are services well-led?

Good 

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

baby clinic and canvas the mothers for their views on improving services. This resulted in the time of the clinics to be changed to suit patient need. The practice also arranged for speakers to talk to the group, topics included audiology, dementia awareness, bowel screening and end of life care.

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal. The practice operated an 'Open Door Monday' policy. Staff were encouraged to approach their manager at any time, particularly on a Monday and there was an email for all practice ideas, with 'Open Door Monday' in the title.

Continuous improvement

The practice had areas under review with a view to improving services. There were plans for the nursing staff to move between practices less often, audit was to be

improved and work life balance. We saw plans for the practice were to launch a new model of diabetes care from April 2017, they were currently discussing this with the PPG. There were plans for a learning disability audit to be carried out at the practice to see if services for this group of patients could be improved.

Bids for funding had been applied for and the practice were waiting to see if they had been successful so they could make some extension and refurbishment to one of the branch surgeries.

The practice had plans in place for November 2016 to discuss with the GPs, staff and the PPG the results of the National GP Patient Survey to see where the practice could improve.

There was a focus on continuous learning and improvement within the practice. The practice had protected learning times at least quarterly. The practice was also a training practice.