

# Dr M J Neville & Dr I G Waldin

## 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?

Outstanding



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 Dr M J Neville & Dr I G Waldin on 21 October 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice provided combined clinics and one stop services for patients
- A wrap around service for vulnerable adults identified people at risk and provided nurse led home visits

### We saw two areas of outstanding practice:

- The patient participation group had been in place for fourteen years, they actively sought patient opinion and were involved in decisions made about the practice. The membership of the group was diverse and had representatives on other local community

# Summary of findings

groups and forums in Durham Dales that benefited patients and the practice. They communicated their discussions and actions through the practice website and via a dedicated noticeboard in the waiting room.

- The practice were involved in a local Vulnerable Adult Wrap Around Service (VAWAS) which identified

people at risk, provided nurse led home visits to assess their health and risks then worked with local practices and other services to ensure their needs were met.

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 to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked within multidisciplinary teams.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a strong patient-centred culture, patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Outstanding



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information

Good



# Summary of findings

about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well led. It had a clear vision and strategy. 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 and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**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 data showed that outcomes for patients were good for conditions commonly found in older people. It offered proactive, personalised care to meet the needs of the older people in its population. There were a range of enhanced services, for example, in immunisation, dementia and remote care monitoring. It was responsive to the needs of older people, and offered telephone triage and home visits and rapid access appointments for those with enhanced needs. Care plans were agreed with input from patients, carers and the Vulnerable Adults Wrap around Service (VAWAS) for patients over 75 as well as those felt to be at risk of hospital admission and the terminally ill.

Good



### People with long term conditions

The practice is rated as good 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. A GP carried out regular admissions avoidance reviews by assessing the list of identified at risk patients and arranging appropriate interventions. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. A monthly clinical meeting was held and attended by MacMillan nurses where the cancer care and palliative care list were updated and reviewed. There was a system to handover to urgent care if patients were on the end of life pathway which the North East Ambulance Service were made aware of.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies, an area of the waiting room was provided for parents with

Good



# Summary of findings

babies and young children with appropriate information displayed including breastfeeding friendly posters. We saw good examples of joint working with midwives, health visitors and school nurses and a one stop baby check service was available with a combined health visitor and baby immunisation clinic. Chlamydia screening was carried out opportunistically. Quarterly meetings with school nurses, midwives, health visitors and GP partners took place to review children identified as at risk. Health visitors carried out a mental health assessment on all new mothers which was logged on the clinical system and concerns relayed to the GPs. The practice had become young carer charter accredited with a named point of contact and a dedicated notice board for young carers.

## **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). 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 including introducing early clinics from 7.25am on Mondays, Wednesdays and Fridays. The practice was proactive in offering online services such as appointment booking and ordering repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Vulnerable adults are identified by the practice who are visited by the VAWAS team and a representative from the Durham Carers Society attended the practice once a month. The practice had regular contact with the community learning disability team where vulnerable patients were discussed.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Annual reviews had been carried out on 10 to 15 patients with challenging behavioural who were registered at the practice from a nearby care home. Standard protocols were used for the diagnosis of patients with suspected dementia. All dementia patients had next of kin details documented within their care record to enable contact with families if required. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia and there was access to local services such as Talking Changes and MIND.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. Of the 247 surveys distributed to patients there were 126 responses giving a response rate of 51% which represents nearly four percent of the patient population.

In all of the following areas the practice was regarded as better by patients than other practices both within in the CCG and compared with practices nationally.

- 98% find it easy to get through to this surgery by phone compared with a CCG average of 80% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 99% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 98% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 99% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 87% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 88% feel they don't normally have to wait too long to be seen compared with a CCG average of 66% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all very positive about the standard of care received. Patients said that staff were friendly, helpful and efficient and that the surgery environment was clean, tidy and pleasant, they commented that it was easy to get an appointment and the dispensary was excellent, one said it was a pleasure to come to the surgery. Two patients commented that the GPs had contacted them in the evening to follow up on concerns identified earlier in the day.

## Outstanding practice

- The patient participation group had been in place for fourteen years, they actively sought patient opinions and were involved in decisions made about the practice. The membership of the group was diverse and had representatives on other local community groups and forums in Durham Dales that benefitted patients and the practice they communicated their discussions and actions through the practice website and via a dedicated noticeboard in the waiting room.
- The practice were involved in a local vulnerable adult wraparound service (VAWAS) which identified people at risk, provided nurse led home visits to assess their health and risks then worked with local practices and other services to ensure their needs were met

# Dr M J Neville & Dr I G Waldin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

### Background to Dr M J Neville & Dr I G Waldin

The practice is located in the village of Gainford and has been at the current purpose built premises since 2003.

The practice serves 3350 patients predominantly from Gainford and 3 neighbouring villages as well as patients in the Tees Valley and across the A66 into North Yorkshire. There is a high proportion of elderly residents, rural issues in particular isolation, and rural unemployment are identified as significant within the practice area.

The practice has a General Medical Services (GMS) contract, there are three GP partners, two male and one female, each GP Partner works three days a week, there are also two part time practice nurses.

Due to its rural location there is a practice dispensary staffed by four trained dispensers, The practice also hosts counselling, dietician, chiropody and physiotherapy services and one stop baby checks are offered. Heart failure and cardiovascular disease clinics are held with specialist nurses from the CCG. The practice is a training practice however at the time of our visit no registrar was in post.

At the time of our inspection the female GP Partner was on maternity leave. Two locum GPs, one of whom was female were covering her leave.

The practice is open between 8am and 6pm Monday to Friday except Wednesday when it closes at 1pm. Appointments are from 8am to 11am and 1.40pm to 5.20pm Mondays; 8.30am to 11am and 2pm to 5.20pm Tuesdays; 8am to 11am Wednesdays; 8.30am to 11am and 2.30pm to 5.30pm Thursdays and 8am to 12pm and 3pm to 5.20pm Fridays. Extended hours surgeries are offered from 7.25am on Mondays, Wednesdays and Fridays.

When the practice closes early on Wednesday cover is provided by a neighbouring GP practice, at all other times patients telephone 111.

### Why we carried out this inspection

We inspected this service as part of our new 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. 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.

### 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?

# Detailed findings

- 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 that we hold about the practice and asked other organisations to share what they knew.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and these were discussed at staff meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a test carried out was wrongly labelled and results were sent to the patient's brother, after discussion at the practice meeting a new protocol for labelling tests was developed.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance which was regularly discussed at clinical meetings. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 GP for safeguarding. The GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A dedicated notice board for safeguarding was displayed in the waiting room, advising patients that nurses would act as chaperones, if required as well as

information about how to get help and support from local groups. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).

- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and 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 including the cleaning staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any concerns for example, hand sanitiser was provided, old equipment that could not be cleaned effectively was disposed of and monthly room checks were also carried out and documented.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. A pharmaceutical adviser attended bi weekly to discuss mini audits and action plans for the various patient groups
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

- The practice had a recruitment policy although they were not providing a recruitment pack or creating a job specification in line with this.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty including in the dispensary.
- The dispensary was staffed by dispensers who were trained to NVQ level 2, standard operating procedures were in place for all aspects of the dispensary service.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received 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. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency doctor's bag was kept in the dispensary and checked monthly by the dispensers. All the medicines we checked were in date and fit for use.

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, this was clearly displayed in the office.

# 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 practice had systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators were comparable to the national average, 98% of patients had an influenza immunisation in the previous year compared with 93% nationally
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average, 84% of patients with hypertension had a blood pressure test where the last reading was 150/90mmHg or less compared with 83% nationally.
- Performance for mental health related indicators was comparable to the national average, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had alcohol consumption recorded in the past 12 months compared with 89% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been six 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 applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included:

- Ensuring patients taking medication that could cause significant reduction in bone density were attending for 3 yearly bone mineral density.
- Recalling patients on combined oral contraceptives who hadn't had a BMI recorded.
- 15 patients having medication stopped after review and discussion due to limited benefit beyond five years and risks of bone fractures.

Information about patient's outcomes was used to make improvements such as ensuring current practice was compliant with a particular piece of guidance i.e. NICE guidance.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff including housekeeping staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

We saw up to date records of training, attendance certificates and staff told us that the practice encourages

# Are services effective?

## (for example, treatment is effective)

training and continuing professional development. A welcome pack was given to locum GPs and all the necessary recruitment checks had been carried out and documented before they commenced work.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice changed electronic patient recording systems in 2014 in line with systems used by local community care providers which meant more streamlined communication between the practice and other healthcare providers such as midwives, district nurses and MacMillan nurses.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after discharge from hospital. All out of hours reports were printed off to be marked as read by clinicians as well as being received directly to patient records. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, actions and those responsible were recorded and care plans were routinely reviewed and updated.

### 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 of legislation and guidance, 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, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and a dietician was available on the premises for those requiring advice on their diet.

A dedicated room was available for health promotion and the practice was a registered level 2 provider for smoking cessation services. Patients in need of alcohol cessation and mental health support were signposted to the relevant service. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84%, which was higher than 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100% and five year olds from 86% to 97%. Flu vaccination rates for the over 65s were 75%, and at risk groups 48%. These were also comparable to national averages of 73% and 52% respectively.

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

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients attending at the reception desk, the dispensary and on the telephone. People 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 49 patient CQC 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 spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us there were occasions where the GPs had contacted patients in the evening to follow up on consultations where concerns had been identified.

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

- 97% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 96% and national average of 92%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

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

Patients told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language although this was rarely needed.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Twenty nine patients had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they





## Are services caring?

understood the various avenues of support available to them. There was a large notice board for carers in the waiting room with information about local carer groups and support offered.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by offering an appointment with the practice counsellor who prioritised bereaved patients, patients were also given advice on how to find local support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Friday mornings from 7.25am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions, patients told us they were always seen if their concern was urgent.
- There were disabled facilities, and translation services available, although the practice did not have a hearing loop.
- Combined clinics had been introduced to improve convenience for patients and increase the uptake of services such as the one stop baby clinics, and the chiropodist and dietician attending the diabetic clinic.
- The practice were part of a CCG vulnerable adult wrap around service known locally as VAWAS where vulnerable adults were identified by practices and measures put in place to help them manage their healthcare, the VAWAS nurses attended the practice multi-disciplinary meetings.
- Patients were always allowed to see the clinician of their choice and patient comments and survey results aligned with this.

### Access to the service

The practice was open between 8am and 6pm Mondays to Friday apart from Wednesday when the practice closes at 1pm. Appointments were from 8am to 11am and 1.40pm to 5.20pm Mondays; 8.30am to 11am and 2pm to 5.20pm Tuesdays; 8am to 11am Wednesdays; 8.30am to 11am and 2.30pm to 5.30pm Thursdays and 8am to 12pm and 3pm to 5.20pm Fridays. Extended

hours surgeries were offered at 7.25am on Mondays, Wednesdays and Fridays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them, patients told us they were always able to get an appointment if they needed one urgently.

Patients told us that they valued the dispensary service especially as local public transport links throughout the locality had reduced.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 98% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 99% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 87% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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. For example, leaflets were available informing patients of the complaints procedure and process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

# Are services responsive to people's needs?

(for example, to feedback?)

The complaints had been discussed at practice meetings and lessons learnt from concerns and complaints, action

was taken to as a result to improve the quality of care. For example, inviting patients in to discuss and resolve their concerns and clinical staff discussing ways to be more aware of patient's and carer's needs during consultations.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients 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 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.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which were regularly reviewed and discussed at structured team meetings.

### Leadership, openness and transparency

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 and staff told us that they were approachable and always took the time to listen to all members of staff. The partners and practice manager encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners 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.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received and the patient participation group (PPG) which was established in 2001, the practice was the first in Durham Dales to have a PPG.

The PPG met on a regular basis, reviewed patient surveys and submitted proposals for improvements to the practice management team. For example:

- raised chairs in reception area for the elderly and infirm
- a practice newsletter which was available in the waiting room and on the practice website
- a member on the wider Durham Dales patient participation group and members on other local support groups to share and adopt good practice.
- The PPG encouraged the practice to introduce a page on the patient registration paperwork for new patients to identify whether they are a carer or a services veteran at risk of Post Traumatic Stress Disorder (PTSD).
- Development of a diabetic glucose log to help patients keep track of and record their blood sugar readings
- A patient suggestion box to capture patient comments was placed in the waiting room

The practice had also gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussion of patient surveys and the friends and family test results. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff members had raised an issue during a practice meeting regarding communication between staff members on the clinical system, after discussion this was resolved.

Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong 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. For example, being the first GP practice in the north east to be young carer charter accredited.