Evenwood Medical Practice

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Evenwood Medical Practice on 30 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. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, all test results were actioned daily before 10.30am. This was done from Bishopgate, a practice owned and ran by the Evenwood partners, freeing time for GPs at Evenwood to offer more consultation time to patients.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, liaising with key educational staff to improve school attendance and provide psychosocial support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

Summary of findings

- There was a strong visible, person-centred culture. Relationships between people who use the service, those close to them and staff were strong, caring and supportive. For example, some patients with literacy difficulties regularly asked reception staff to assist them in reading their correspondence.
- Two dedicated chronic disease nurses were employed.
- The standard of diabetes care was significantly higher than local and national averages. For example, The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c result was 64 mmol/mol or less, in the preceding 12 months, was 91% compared to the local CCG and national averages of 78%.
- Both nurses were able to prescribe and initiate insulin therapy.
- A one stop shop for older people was provided so there was no need for repeat journeys, for example, if blood tests were required they would be done immediately before leaving the practice.
- The practice liaised closely with a local children's home and a local school to ensure the best outcomes for younger patients.

The areas where the provider should make improvement are:

- Ensure that the treatment room refrigerator thermometer is calibrated monthly or that a second thermometer is used to cross check the accuracy of the temperature, as per guidance.
- Ensure that temperatures in the treatment room fridge are recorded daily.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were mainly assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals, and with the community itself, to understand and meet the range and complexity of patients' needs. For example, they liaised closely with children's home managers, police community support officers and teachers.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, from nationally reported data 96% of patients said the last nurse they spoke to was good at treating them with care and concern

Summary of findings

compared to the national average of 91%. 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. They enabled patients using the local bus service to be seen for an appointment on arrival, even when they were up to an hour late. During inclement weather conditions, staff had often transported patients home by car rather than wait for public transport.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, the movement of some nurse practitioner appointments to a more suitable time for working age patients.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, they had a dedicated health visitor for travellers.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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 it.
- 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 was a high level of constructive engagement with staff and a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- 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 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a 'one stop shop' approach to appointments and clinics, which reduced the need for older patients from having to make repeated journeys to the practice.
- Home visits were conducted earlier in the day by a duty doctor, rather than the patient having to wait until later in the afternoon for their visit.
- The practice was part of the Vulnerable Adults Wrap Around Service. This was a service provided to vulnerable patients living in residential units, the housebound or those at high risk of admission. They were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses. This was a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date.
- We saw documented evidence that, due to a limited public transport service, patients in this population group often arrived up to sixty minutes late for an appointment and were always welcomed and seen on arrival.

People with long term conditions

Outstanding

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

- Two dedicated chronic disease nurses were employed and patients at risk of hospital admission were identified as a priority
- Both of these nurses were able to prescribe and initiate insulin therapy.
- Nationally reported data from 2014/2015 showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 85% (local CCG average 77%) (England average 78%)
- Longer appointments and home visits were available when needed.
- GPs and the nurse practitioner visited the local care home on a daily basis.

Summary of findings

- Approximately 90% of the patients from the local care home were registered at Evenwood Medical Practice. Many of these patients had a severe brain injury or challenging behaviours.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice staff had an in depth knowledge of their patients with long term conditions, and found there were few barriers to accessibility of care due to their good relationships with these patients.
- The practice offered same-day, no wait, no appointment blood tests to all patients who required them.
- All test results were looked at and actioned before 10.30am on the same day of receipt.
- All clinical administration work was handled from the Bishopgate practice, freeing up the GPs and nurses to care for patients during Evenwood's opening times.
- Patients with long term conditions were given a personalised management plan to take away with them, ensuring that they have something to refer to if unsure about medications or when to take action.

Families, children and young people

Good

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.
- The practice followed up every missed hospital appointment by their patients and documented this in the patient record.
- 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, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% (local CCG average 83%) (England average 82%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated private baby changing facility.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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.

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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national averages (local CCG average 83%) (England average 84%)

Summary of findings

- Nationally reported data also showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been

recorded in the preceding 12 months was 96% (CCG and England averages 90%)

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Staff actively promoted the dementia café located within the village.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above or in line with local and national averages. 264 survey forms were distributed and 102 were returned. This represented 5% of the practice's patient list, and a response rate of 39%.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Many of the respondents described the care and compassion they received from the staff as 'amazing'. Many patients stated that the staff act above and beyond the kindness they would normally expect from a practice. A recurring theme was that the service provided to patients was 'first class'.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Analysis of the practice's friends and families test indicated that in July 2016, 100% of patients would have recommended this practice to someone.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the treatment room refrigerator thermometer is calibrated monthly or that a second thermometer is used to cross check the accuracy of the temperature, as per guidance.
- Ensure that temperatures in the treatment room fridge are recorded daily.

Outstanding practice

- There was a strong visible, person-centred culture. Relationships between people who use the service, those close to them and staff were strong, caring and supportive. For example, some patients with literacy difficulties regularly asked reception staff to assist them in reading their correspondence.
- Two dedicated chronic disease nurses were employed.
- The standard of diabetes care was significantly higher than local and national averages. For example, The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c result was 64 mmol/mol or less, in the preceding 12 months, was 91% compared to the local CCG and national averages of 78%.
- Both nurses were able to prescribe and initiate insulin therapy.
- A one stop shop for older people was provided so there was no need for repeat journeys, for example, if blood tests were required they would be done immediately before leaving the practice.
- The practice liaised closely with a local children's home and a local school to ensure the best outcomes for younger patients.

Evenwood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Evenwood Medical Practice

Evenwood Medical Practice, Copeland Lane, DL14 9SU is a dispensing practice situated in the Bishop Auckland area of County Durham in a semi-rural village. The practice is situated in a purpose built medical centre which is owned by NHS Property Services. Evenwood Medical Practice and its neighbouring GP practice share tenancy of the building. There is a private car park for patients with plenty of accessible parking. The practice is served by public transport, although there is a very limited bus service which operates within the village of Evenwood.

There are four GP partners (two are female and two are male), a male salaried GP, two advanced nurse practitioners (female), one practice nurse, a healthcare assistant and two chronic disease management nurses (both female). In addition to the Evenwood Practice, the partners own a larger practice, Bishopgate, located five miles away. Although these two practices are separate and have separate patient lists, the GPs, nurses and management team work across both locations. Patients from Evenwood are also invited to attend the Bishopgate practice when this suits their needs. Bishopgate is well served by public transport and is situated next to a major supermarket.

The registered list size is approximately 2020 patients who predominantly identify their ethnicity as White British. The practice is ranked in the third most deprived decile (one being the most deprived and ten being the least deprived), significantly above the national average. The practice age profile differs from the England average, having a higher number of patients in the 50 to 85 age range and a lower number in the 0 to 44 age range. There is a higher than average number of patients from the traveller community, as there are Gypsy, Romany and Traveller sites surrounding the village.

The practice is open from 8am Monday to Friday. It closes at lunchtime on Tuesdays and Wednesdays. On Tuesday afternoons all patients requiring appointments are seen by the neighbouring GP Practice in the next village, to maximise patient access to appointments. On Wednesday afternoons patients are offered the choice of attending the Bishopgate Practice. Evenwood Medical Practice is open from:

- 8am to 6pm on Mondays,
- 8am to 12pm on Tuesdays,
- 8am until 1pm on Wednesdays,
- 8am to 6pm on Thursdays
- 8am to 5pm on Fridays

When the practice is closed the telephone is diverted to Bishopgate or Woodview (the neighbouring GP practice) practices between 8am and 6pm. Outside of these times out of hours care can be accessed by the NHS 111 service. On Saturdays, patients can access appointments at an alternative practice as part of a scheme set up by the federation.

Each weekday except Tuesday and Wednesday, appointment slots with a GP are available from 8.30am until approximately 11am. Home visits and care home visits

take place from 11am until 3pm. Afternoon appointment slots with a GP run from 3pm until approximately 5.30pm. Nurse appointments are available from 8am until approximately 5.30pm.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, dispensary staff and administrative staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when there was a medication error in the dispensary, the practice recorded the event and shared it with all staff. Two medications with similar names were then separated into different locations within the dispensary to reduce the likelihood of it happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two.
- The manager from the local children's home was invited to safeguarding meetings in order to improve communication and the sharing of concerns.
- A member of the management team had good links with the local school and was able to liase appropriately with education staff where there were concerns about a patient.
- Notices situated all around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The dispensary staff had received appropriate training and had annual appraisals and competency assessments. We saw standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice had embedded a physical second check for all drugs.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. Near miss dispensing errors and errors

which reached patients were recorded and were discussed as part of team meetings. Actions were taken upon receipt of alerts and updates and these were recorded and disseminated to all relevant staff

- The practice ensured prescriptions were signed before being issued to patients. Repeat prescription review dates were assessed as part of the prescription clerking system and there was a system in place to ensure medication review dates were not exceeded. Staff told us about procedures for monitoring prescriptions that had not been collected and this was effectively managed.
- 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. Balance checks of controlled drugs were carried out on a monthly basis. Staff knew the procedures for the destruction of CDs.
- There was a Standard Operating Procedure to check that medicines were within their expiry date. Expired and unwanted medicines were disposed of in accordance with waste regulations.
- We checked medicines refrigerators and found they were secure with access restricted to authorised staff. Temperatures in the dispensary refrigerator were recorded in accordance with guidance and were within the recommended range. However, temperatures in the treatment room refrigerator were not recorded daily if the nurse was not at work, and we found that there was only one thermometer in use which was not calibrated monthly in accordance with guidance. The practice informed us that daily checking of temperatures would be implemented following the inspection.
- Vaccines and injectable medications were administered by nurses using Patient Group Directions (PGDs). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. This was effectively managed by the practice.
- Emergency medicines and equipment were kept at the practice. We checked the emergency medicines in the Duty Doctor bag and found that they were all in date. We were told that there was a system in place to check them monthly; however there was no record of documentation of this. The practice informed us that this would be implemented following the inspection. Emergency medicines were also kept on a trolley in a cupboard off the main corridor. This cupboard was not locked. The practice informed us that they would fit a key pad to the door following the inspection to keep the medicines safe but still accessible to staff in an emergency.
- The receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to rotate between Evenwood and Bishopgate practices to ensure there was adequate cover and skill mix.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were panic buttons in all clinical rooms and in the reception areas, in addition.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff. All the medicines we checked were in date and stored securely. As a result of our inspection, the practice installed a keypad to ensure that medicines were secure but easily accessible.
- 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. The plan was easily accessed from every staff member's computer desktop at all times.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice had a defibrillator and oxygen available on the premises.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Exception reporting was in the normal range.

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

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 91% (local CCG and England averages 78%)
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% (CCG and England averages 90%)
- Diabetes nursing care at the practice was provided by two nurses with specific training in diabetes management. They were able to initiate insulin therapy. Both nurses were prescribers.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring all patients on a specific medication for osteoporosis were offered a specific type of bone density xray.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice had employed two chronic disease management nurses who worked across Evenwood and Bishopgate Practices.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Good

Are services effective?

(for example, treatment is effective)

- All missed GP appointments were followed up by the practice, via a telephone call. Regular non-attenders were proactively telephoned in advance to remind them of the importance of attending.
- Staff had a great insight into the needs of their community and understood its culture, diversity and needs, although they had not formally undertaken any health needs assessments. In addition to this, being a small practice, staff had an indepth knowledge of patients, their vulnerabilities and social circumstances. For example, the school and the practice worked closely together to look at attendance and provide psychosocial support to young people.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. All results were looked at and actioned by 10.30am every week day. This allowed time to offer same day appointments to those patients who needed to see a GP or nurse once their results were received.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had good links with the district nursing, school nursing and health visiting teams, who all visited the practice regularly. There was a designated health visitor for traveller families and the practice often liaised with them to improve outcomes for children.

Consent to care and treatment

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

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

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- We saw evidence that one of the GPs had given many clinical hours to supporting a patient (and their family) at the end of their life and in the nearby care home, whose case was very complex.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and England averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 91% to 94%..

Good

Are services effective?

(for example, treatment is effective)

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

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). 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.

We saw outstanding examples of staff caring for patients and showing compassion towards them. For example, on approximately ten occasions in the preceding year, patients who were struggling to arrive on time for appointments (when travelling by public transport) were always seen by a GP on arrival. Some of these patients were 50-60 minutes late for an appointment but were never turned away where public transport was the cause of the delay. These patients had also been offered a home visit, but had declined as they preferred to attend the practice.

On another occasion, a patient who was on the practice's palliative care register had experienced a lengthy wait for an ambulance. When the family contacted the practice, one of the GPs immediately got into his car and visited the patient at home, taking what was required to enable the patient to become more comfortable.

A number of patients at the practice had literacy difficulties, we saw evidence that reception staff had built up a rapport with some of these patients and had read their letters to them on regular occasions, at the request of the patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with GPs and nurses, with some results slightly higher than average:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

Are services caring?

- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a booklet detailing a 'visual menu' of feelings, family, objects, pain score etc kept at the reception desk to assist patients with social communication difficulties and enabling them to access care and treatment.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers (0.5% of the practice list) however, they had a high number of patients residing within a care home whose immediate family members were not registered as carers at the practice. Just over 2% of patients registered at the practice resided in local care homes. A specialist care home nearby provided care to people from all over the north east of England, with complex needs. 95% of the residents from this care home were registered patients of Evenwood Medical Practice.

Written information was available for carers detailing how to access the various avenues of support available to them. The practice actively promoted the work of Durham County Carers to its patients who offered a wealth of practical support. The practice had historical close links with those workers so practice staff actively printed, and handed out, flyers and leaflets to patients in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

The practice had received numerous cards and gifts from patients and their relatives.

Citizen's Advice Bureau offered a telephone support service to all patients. The practice was able to signpost patients to a dedicated number they could telephone. However, we saw evidence that the practice had initiated some of these telephone calls on behalf of their more vulnerable patients, meaning there was no financial cost to the patient. The practice felt that this approach ensured that their vulnerable patients were offered good advice at the right time, mitigating the risk of social or financial decline. By arranging the call for the patient, using the practice's time and telephone resources, the practice management team had analysed there was more likely to be a supportive outcome for the patient. They demonstrated to the inspection team that they understood potential vulnerability and a lack of self-empowerment among some of their patients. Evenwood Medical Practice had the highest number of referrals into this service, within the local CCG area.

Good

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.

- There were longer appointments available for patients with a learning disability, and materials to assist with communication.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access.
- The practice had undertaken some in house awareness training to increase its knowledge of traveller patients and to remove barriers to accessing services.
- There was a dedicated health visitor for the traveller community who liaised closely with the practice.

Access to the service

The practice was open from 8am on Monday to Friday. It closed at lunchtime on Tuesdays and Wednesdays. On Tuesday afternoons all patients requiring appointments are seen by the neighbouring GP Practice in the next village, to maximise patient access to appointments.. On Wednesday afternoons patients were offered the choice of attending the Bishopgate Practice. Evenwood Medical Practice was open from:

- 8am to 6pm on Mondays,
- 8am to 12pm on Tuesdays,
- 8am until 1pm on Wednesdays,
- 8am to 6pm on Thursdays
- 8am to 5pm on Fridays

When the practice was closed the telephones diverted to Bishopgate or Woodview practices between 8am and 6pm.

Outside of these times out of hours care could be accessed by the NHS 11 service. On Saturdays, patients could access appointments at an alternative practice as part of a scheme set up by the federation.

Each weekday except Tuesday and Wednesday appointment slots with a GP were available from 8.30am until approximately 11am. Home visits and care home visits took place from 11am until 3pm. Afternoon appointment slots with a GP ran from 3pm until approximately 5.30pm. Nurse appointments were available from 8am until approximately 5.30pm. Extended hours appointments were offered every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice offered flexibility and choice to patients, having the Bishopgate location in addition to Evenwood.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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. There was a poster in the waiting room and a practice complaints leaflet was also given out to patients.
- The practice had received very few complaints in the preceding year.

We looked at one complaint received in the preceding 12 months and found this was handled within a timely way and with sensitivity. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when some patients from the working age population group commented that they were unable to access the advanced nurse practitioner appointments due to their own working patterns, the practice decided to offer some of these appointments in the afternoon.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The mission statement was 'helping patients to better health' and all staff were aware of it.
- 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.
- The practice management had consciously developed the skills of all non-clinical staff to enable them to undertake different roles within the practice, thus improving skill mix.
- Practice specific policies were implemented and were available to all staff and very easily accessed within the practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The partners appeared to have a high regard for their staff and rewarded them accordingly. They offered longer holidays for staff who had accrued long service. A family friendly flexible working pattern meant that staff who had caring responsibilities could continue to work and have a work-life balance. There were regular teambuilding away days which had previously included outward bound courses, whitewater rafting and go-karting events.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held at least every 12 months.
- 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.
- There was a good staff retention rate.
- All staff appeared to enjoy their working environment and this was visible to the inspection team.
- There appeared to be high levels of staff satisfaction. Staff were proud of the practice as a place of work and spoke highly of the culture and the managers.
- There were consistently high levels of constructive staff engagement. The practice manager had vacated an upstairs office in order to increase visible presence and communication with the rest of the practice team.

Are services well-led?

Good

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met bi-monthly, and supported the practice in various ways to secure improvements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example, presenting its partnership working with Citizen's Advice Bureau to the CCG with the aim of rolling this out across other practices. The practice had good links with the local CCG and was involved in a pilot to improve diabetes care in primary care settings, reducing the need for hospital admissions.