

Tanfield View Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Tanfield View Medical Group	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tanfield View Surgery on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment, but not with a named GP, with urgent appointments available the same day. Routine appointments were available in two days.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The provision of a skin lesion clinic by a GP who had undertaken further training. This enabled patients to be treated closer to home and helped to reduce referrals to secondary care.
- The provision of an 'unwell children' clinic every day after school, with appointments with paediatric trained nurses employed by the practice.

The areas where the provider should make improvement are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all statutory notifications to the CQC are sent in a timely manner (for example with regard to registration of manager).
- Ensure that learning from incidents and complaints is fully recorded and cascaded to maximise learning opportunities.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

GOOD

Good



The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice, but minutes of discussions were not always documented correctly.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 assessed and well managed.

Are services effective?

GOOD

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

GOOD

Good



The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Are services responsive to people's needs?

GOOD

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice participated in the Primary Care Outcome Scheme which was an incentivised scheme developed to improve practice services. As part of this the practice was working with the CCG to implement a frailty pathway for its elderly patients.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were available the same day.
- The practice had implemented a new telephone system and staff had received extra training in customer service in response to patient survey reviews. This was in response to reported difficulty in getting through to the practice on the telephone. This was a recent initiative and satisfaction results may not have been reflected in the recent patient survey results. Patients we spoke with on the day were happy with the new system.
- 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.

Are services well-led?

GOOD

Good



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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However not all statutory CQC notifications had been received in a timely manner. We were assured that this would be rectified immediately.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was a virtual group and the practice had plans to increase awareness and recruit more members to the PPG. The practice had participated in productive general practice which involved a review of its whole service and included all of its staff.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice circulated a newsletter to all of its patients on an annual basis and provided information and advice in this way.

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

Good



The practice is rated as good 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.
- As part of the Primary Care Outcomes Scheme, in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital. The Nurse Practitioner contacted these patients to offer support and advice. In addition the practice held a register of frail elderly patients who they were in the process of visiting and assessing.
- The practice had liaised with health trainers to set up a stand in the waiting area to advertise classes in an effort to reduce social isolation and promote wellbeing.

People with long term conditions GOOD

Good



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.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 75% compared to a national average of 78%
- The percentage of patients with diabetes, on the register, who had the influenza immunisation was 99% compared to a national average of 94%
- Longer appointments and home visits were available when needed. Patients with more than one long term condition were able to be seen in one visit.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 74% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 81% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- As part of the Primary Care Outcomes Scheme, in conjunction with the CCG, the practice had set up an 'unwell child clinic', with dedicated appointments available every day with Practice Nurses. We were told if the clinic was full the duty GP would always see the children.
- The practice had adopted a toolkit to be used with children presenting with injuries – this ensured that a referral to other services was made if necessary.

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

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had recently changed its appointment system in response to feedback from patients and now offered telephone consultations each day with a GP of choice.
- As part of the Primary Care Outcomes Scheme in conjunction with the CCG the practice provided an acupuncture service and skin clinic which enabled patients to be treated closer to home.
- The practice offered a contraceptive service that included IUCDs (intrauterine contraceptive devices) that were fitted by the GP. Five of the nursing staff had completed extra training with regard to contraception in order to provide care closer to home for patients requiring this service.

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 those with a learning disability.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients 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.

Good



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).

Good



Summary of findings

- 97% of patients with physical and/or mental health conditions had a smoking status recorded in the preceding 12 months which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below/similar to local and national averages. 274 survey forms were distributed and 121 were returned. This represented just over 1% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments included that staff were very friendly, caring and helpful and that the practice was a credit to the NHS. Patients on the day also commented that the new telephone system had really made a difference, although this was not yet reflected in the GP patient survey results.

We spoke with 11 patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. Patients on the day stated they felt listened to by the GPs and Nursing staff. Patients stated that the practice was tidy and clean. Some patients stated that they were not aware of the online booking system.

Tanfield View Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Tanfield View Medical Group

Tanfield View Surgery is situated in Stanley. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; the childhood vaccination and immunisation scheme. The practice covers the town of Stanley which is an ex-mining community. The practice has higher levels of deprivation than national figures and higher levels of patients in care homes than national figures. The practice also has higher levels of patients claiming disability living allowance than national figures. There are 11555 patients on the practice list and the majority of patients are of white British background.

The practice is a purpose built premises which has recently been extended and is undergoing a period of improvement with painting, flooring and seating. There is an independent pharmacy attached to the practice.

The practice has struggled in the past with recruitment and retention issues following the retirement of three senior partners and the resignation of another partner in 2012. The practice has now managed to successfully recruit three salaried GPs and two more Nurse Practitioners. Presently the practice is a partnership with three partners, two female and one male. There are three salaried GPs, all female. There is one sessional GP who is male. There are four Practice Nurses, three Nurse Practitioners, two

Specialist Practitioners and two Health Care assistants (all female). There is a Practice Manager, administration and secretarial team leaders and reception and administration staff. The practice has recently become a training practice of GP trainees and F2 doctors.

The practice is open between 8.30am and 6pm Mondays to Fridays. The practice also offers extended hours on Saturday mornings from 9am to 1pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service (111) provided by North Durham CCG.

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 19 January 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, two nurses, the practice manager, admin team leader and two receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We looked at recorded summaries and analysis of incidents from the previous 12 months. We saw where incidents had been discussed and reviewed in team meetings, and some learning points documented. However it was not always clear whether action had been taken, who was responsible for any action, what the eventual outcomes were, and whether all incidents had been fully reflected upon.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing 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 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 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. An example of this was that the practice had changed the flooring in the consultation rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Some of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed 3 personnel files and found that some recruitment checks had not been undertaken prior to employment. For example the requirement for two references. The employees in questions were recruited to the practice prior to the implementation of the recruitment policy and we were told that the policy would be followed for any new recruits.

Are services safe?

- 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.

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 that enough staff were on duty. The practice had devised a check list for reception staff to identify the most appropriate clinician for the patient's needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and emergency buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 9.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/4/2014 to 1/3/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 76% compared to a national average of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was comparable to the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76% compared to a national average of 84%. The percentage of patients

with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 97% compared to a national average of 94%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two 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 the identification and subsequent coding of women with intrauterine devices. This ensured that the devices were removed at the correct time to prevent risk of pregnancy.

Information about patients' outcomes was used to make improvements such as; the completion of e-learning by practice prescribers following an audit with regard to antibiotic prescribing.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 audits of records.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service.
- A dietician, podiatrist, counsellor and smoking cessation advice were available on the premises. The practice also made a room available for professionals trained in substance misuse advice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. 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 their 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 97% to 100% and five year olds from 97% to 100%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 54%. These were above national averages.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were 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 12 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 two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They stated that the PPG was not fully active and they would benefit from more feedback from the practice. The practice had plans to recruit and advertise the PPG and this was in their action plan for the following year. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 78% 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%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

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.

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. The practice had a register of carers. Two

Are services caring?

members of staff had undertaken extra training with regard to supporting carers and shared this with the wider team. Written information was available to direct carers to the various avenues of support available to them.

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/or by giving them advice on how to find a support service. One patient told us that the GPs had responded in a dedicated and caring way with regard to the treatment provided to their family member when they were seriously ill.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had a high prevalence of patients with lung disease and had ensured that more trained staff and equipment was available to meet the needs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice had recruited a nurse practitioner to meet the high visit and ageing population demands.
- Same day appointments were available for children and those with serious medical conditions. The practice had a dedicated 'unwell children clinic', after school hours.
- The practice had increased its numbers of telephone consultations with a named GP.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were five nurses trained in contraceptive assessment and provision.
- Patients with more than one long term condition had them reviewed in the same appointment.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Extended surgery hours were offered every Saturday between 9am and 1pm. 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.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

- 57% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 34% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

However a new telephone system had been implemented after these results were collated and people told us on the day of the inspection that they were able to get appointments when they needed them.

The practice told us that they had experienced a period of instability when 3 GPs had retired and two others had left and that this had caused a problem with continuity of care. However the practice had now successfully recruited three salaried GPs and changed its appointment system to include telephone consultations on the same day with a GP of choice. Patients we spoke with on the day stated that they were happy that they could get through by telephone and speak with their GP of choice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and saw that posters were displayed and leaflets were available.
- The practice had undertaken a period of improvement and an extension of the building. More improvements were planned.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following some complaints regarding locums the practice had introduced a locum pack to provide guidance and tried to use the same locum when required.

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 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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

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 they were approachable and always took the time to listen to all members of staff. The practice had reviewed the whole service during some work in productive general practice, this included collaboration of different members of staff. Staff told us that this had been important to increase awareness of other roles and promote team building.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The

practice had systems in place for knowing about notifiable safety incidents. However not all statutory CQC notifications had been received in a timely manner with regard to registration. We were told this would be rectified immediately.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 in doing so and felt supported if they did. The practice had protected learning time one afternoon every month.
- 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. 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, 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. There was a virtual PPG but the practice had had difficulty in recruiting members. They had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had recommended online bookable appointments and these had been implemented. Members of the PPG we spoke with on the day stated that they thought the PPG

Are services well-led?

Good 

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

should be promoted more effectively and that the practice did not give them timely feedback. The practice had an action plan to improve these issues in the following year.

- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had made improvements in workflow and defined clear roles and responsibilities following feedback from staff.

- The practice had engaged the staff in listening events to ensure that they had the views of everyone with regard to the future running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this included the avoiding unplanned admissions scheme and the frailty pathway. The practice was also part of the newly established Derwentside Federation which sought to look at ways to improve outcomes for patients.