Silverdale Family 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?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out this comprehensive inspection on 12 August 2015.

Overall, we rated this practice as good. Specifically, we found the practice to be good for providing safe, effective, caring, and well led services. It was outstanding for providing responsive services. It was also outstanding for providing services to the population group of people with long term conditions.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. As well as responding to incidents and concerns within the practice the GPs had raised concerns relating to care in other health settings, which had affected its patients, to ensure that these were reviewed and the learning circulated.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw several areas of outstanding practice including:

- The practice was integrated into the local community and attended events at the local school and invited reception class children to visit the practice. This made the GPs and clinical staff approachable and helped to minimise concerns felt by children if they had to visit the GP.

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- The practice was working innovatively with the North East Ambulance Service and NHS 111 service to monitor the health of patients with chronic obstructive pulmonary disease (COPD). The ambulance service paramedics would make daily telephone calls check on the patient's condition and to book appointments with the practice as required. This helped to minimise A&E attendances and the use of urgent care centres.
- The practice was responsive in the way it delivered care to patients with learning disabilities and one of the GPs undertook a half-day session to visit the homes of patients with learning disabilities to undertake their annual health checks.

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. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. It took a proactive approach to preventing incidents which affected their patients. Even if the incident had not occurred in their practice it would raise concerns with the relevant provider. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. The practice used innovative and proactive methods to improve patient outcomes such as piloting telemedicine for patients with COPD. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Clinical staff undertook a comprehensive range of audits of care and reflected on patient outcomes. The practice worked with other services on a multi-disciplinary basis and shared information appropriately.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was very positive. We saw that staff treated patients with kindness and respect and maintained confidentiality. There was only a limited selection of leaflets in reception on health advice and promotion in reception. In patient surveys, the practice scores were generally above average compared to local and national survey results. Patients said they were treated with care and concern.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements

Summary of findings

for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with the CCG to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. The practice scored highly in patient surveys for how easy they found it to access appointments and get through on the phone.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges and was working towards meeting these.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services including for dementia. It was responsive to the needs of older people and patients over 75 had a named GP.

The practice worked with attached community staff employed by the local Federation, who visited those in nursing homes, recently discharged from hospital, or otherwise deemed as vulnerable, to help decrease hospital admissions and provide care closer to home.

People with long term conditions

Outstanding

The practice is rated as outstanding for the care of people with long term conditions. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Information was made available to out of hours providers for those on end of life care to ensure appropriate care and support was offered. People with conditions such as diabetes attended regular nurse clinics to ensure their conditions were monitored and were involved in making decisions about their care. Nurses communicated with GPs for each condition.

The practice was working with the CCG and the NHS 111 service to monitor the health of patients with COPD and provide them with urgent GP appointments booked directly by the 111 service. This helped to minimise A&E attendances and the use of urgent care centres.

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. Immunisation rates were good for all standard childhood immunisations and health visitors ran drop in clinical in parallel to the practice nurse childhood immunisation clinic and the GP clinic. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

The GPs took every opportunity to engage with the local community. This included attending the local village fair, visiting the village primary school and inviting the primary school reception class children to visit the surgery. These activities enabled families and their children and other young people to become less hesitant in approaching the GPs for advice and support.

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 population had been identified and services adjusted and reviewed accordingly. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Telephone appointments and Saturday morning appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical and bowel cancer.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. Patients or their carer's were able to request longer appointments if needed. The practice had a register for looked after or otherwise vulnerable children and also discussed any cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns.

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). QOF data showed in 2013-14 the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan in the preceding 12 months was above the national average of 86.04%, at 96%. The practice carried out opportunistic screening for dementia. The practice sign-posted patients experiencing poor mental health to various support groups and voluntary organisations as required.

Summary of findings

What people who use the service say

The latest NHS England GP Patient Survey of 139 responses showed the following. Of those who responded 99% found it easy to get through to this surgery by phone and 97% described their experience of making an appointment as good. 77% of respondents with a preferred GP usually got to see or speak to that GP. These results were all above the CCG and England averages**.** Results which were flagged up in this survey as being lowest were still at or around local and national averages. For instance 90% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments and 99% of respondents had confidence and trust in the last nurse they saw or spoke to.

We spoke to two members of the PPG and two patients as part of the inspection. We also collected 19 Care Quality Commission (CQC) comment cards which were sent to the practice before the inspection, for patients to complete.

All the patients we spoke to and the comment cards indicated they were highly satisfied with the service provided. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring. Patients said that their needs were responded to and they received the care that they needed. Patients said they were treated as individuals and involved in their care.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice was integrated into the local community and attended events at the local school and invited reception class children to visit the practice. This made the GPs and clinical staff approachable and helped to minimise concerns felt by children if they had to visit the GP.
- The practice was working innovatively with the North East Ambulance Service and NHS 111 service to monitor the health of patients with chronic obstructive pulmonary disease (COPD). The ambulance service paramedics would make daily telephone calls check on the patient's condition and to book appointments with the practice as required. This helped to minimise A&E attendances and the use of urgent care centres.
- The practice was responsive in the way it delivered care to patients with learning disabilities and one of the GPs undertook a half-day session to visit the homes of patients with learning disabilities to undertake their annual health checks.

Silverdale Family 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 specialist advisor GP and a Practice Manager.

Background to Silverdale Family Practice

Silverdale Family Practice consists of three partner GPs and one salaried GP, two male and two female. The practice provides general medical services (GMS) to approximately 4,455 patients in the catchment area of South Hetton and surrounding villages, which is the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) area.

There is one practice nurse and a healthcare assistant. These are supported by a practice manager and a team of reception and administrative staff. The practice is accredited as a training practice and supports GP registrars and medical students.

The practice is open and appointments are available between 8am and 6pm Monday to Friday. Patients can also access Saturday appointments from 8am until 12 noon at Peterlee Health Centre through a CCG initiative.

The practice has higher levels of deprivation compared to the England average and higher levels of people with caring responsibilities or claiming disability living allowance. The practice has opted out of providing Out of Hours services, which are provided through the Urgent Care Centre at Peterlee hospital. The practice is a member of the South Durham Health CIC Federation, a collaborative of 24 GP practices in County Durham.

The practice is registered with the CQC to provide the regulated activities of diagnostic and screening procedures; family planning; surgical procedures, and treatment of disease, disorder and injury.

The practice was previously inspected under our old inspection methodology on 14 October 2013, when they were found compliant with five outcome areas inspected.

The practice also offers a wide range of enhanced services including extended hours, learning disabilities, minor surgery and timely diagnosis and support for people with dementia.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

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.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

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

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

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with two members of the PPG.

We carried out an announced inspection on 12 August 2015.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning from incidents

Safety was monitored using information from a range of sources such as National patient safety alerts (NPSA), which were disseminated to staff. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally where appropriate. Staff said they felt encouraged to report incidents. The practice also used information gathered from consultation with patients to highlight where other health care providers had not taken appropriate action. For example at a six week baby check one of the GPs noticed that a baby that had been identified as a breech birth had not had a hip ultrasound. This was raised with the hospital trust who issued reminders to their staff on the correct protocols to follow.

Significant events were discussed as part of clinical meetings and incidents had been discussed and earning points noted and disseminated to relevant staff. All complaints received by the practice were recorded and reviewed to identify areas for improvement.

Safe systems and processes including safeguarding

There were arrangements in place to safeguard adults and children from abuse. Staff were able to demonstrate they understood their responsibilities in recognising and reporting abuse and adhered to the practices safeguarding policies and procedures. Staff had easy access to procedures and contact details for organisations such as social services and had received safeguarding training. There were designated safeguarding leads for children and adults.

The practice participated in joint working arrangements and information sharing with other relevant organisations including health visitors and the local authority. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. There was a chaperone policy in place and staff who could be asked to chaperone had received appropriate training.

Infection Control

Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All staff were aware of who the lead was. There was an infection control policy in place and staff training was up to date. The practice undertook regular infection control audits. Any changes required were identified and recorded on an action plan which was reviewed quarterly. The practice did not own the building but was aware that Legionella risk assessments and regular monitoring was undertaken by an accredited external contractor and documentation was available to support this.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out daily, which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. There was a process to regularly review patients' repeat prescriptions to ensure they were still appropriate and necessary. Any changes in medication guidance were communicated to clinical staff. This ensured that staff were aware of any changes and patients received the best treatment for their condition.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Equipment and Emergency Procedures

Medical equipment including emergency equipment, electrical equipment and fire detection and alarm equipment were all serviced and maintained according to appropriate schedules. The practice had up to date fire risk assessments and carried out fire drills.

Good

Are services safe?

The practice had procedures in place for medical and other emergencies and the business continuity plan contained emergency contact details which may be needed, such as emergency electricians or plumbers.

There were procedures in place for monitoring and managing risks to patient and staff safety and there was a health and safety policy available.

Staffing & Recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice reviewed the demand for appointments and added extra appointments to meet additional needs. The GPs worked collaboratively to ensure that they covered the additional appointment slots. Staff told us there were enough staff to keep patients safe. Feedback from patients we spoke with and surveys confirmed they could get an appointment to see a GP or nurse when they needed to.

Monitoring Safety & Responding to Risk

We found that staff recognised changing risks within the service, either for patients using the service or for staff, and were able to respond appropriately. Staff identified and responded to changing risks to patients who used the practice by monitoring them for deteriorating health and wellbeing. Patients with a change in their condition were reviewed and referred appropriately.

There were procedures in place to assess, manage and mainly monitor risks to patient and staff safety.

These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Identified risks were included in the business continuity plan with each risk assessed and rated and mitigating actions recorded to reduce and manage the risk.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Assessing patient need and monitoring outcomes

The practice accessed current evidence-based guidance, standards, and best practice such as information from the National Institute for Health and Care Excellence (NICE) and other professional bodies. NICE guidelines were disseminated and discussed regularly at clinical meetings. The practice used this information to develop how care and treatment was delivered to meet needs. This included during assessment, diagnosis, referral to other services and the management of long-term conditions. For instance, the practice had higher than average levels of chronic heart disease and COPD. However it had lower than average admissions to hospital for COPD which indicated that they were effectively identifying and treating patients.

The practice collected information about people's care and outcomes. These included scores from national incentive schemes (the Quality and Outcome Framework, or QOF) and clinical audits. QOF results from 2013-14 showed the practice achieved 99.5% of the total points available, above the national average of 94.2%.

The practice also met with the local CCG to discuss performance, and participated in benchmarking in areas such as A&E attendance rates and prescribing rates. The GPs in the practice were active within the CCG and undertook a number of CCG roles including locality prescribing lead, clinical lead for primary care and clinical champion for paediatrics. However the GPs were aware that this could detract from the time available for patients and had additional locum GP sessions to cover any shortfall.

All GPs and nursing staff were involved in clinical audits. Examples of audits included a review of antibiotic prescribing, particularly the prescribing of antibiotics for acne. Following the audit and the change to prescribing practice the use of the antibiotics reduced by 50%. The practice had also audited outpatient referrals, including dermatology referrals. Following changes in practice after the initial audit, including using GP colleagues for a second opinion, the follow up audit showed a 25% reduction in referrals.

The percentage of eligible women who had a cervical screening test performed in the last 5 years was above the national average of 81.88%, at 84.05%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was above the national average of 86.04%, at 96%.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. They also provided annual reviews to check the health of patients with learning disabilities and mental illness. The practice could produce a list of those who were in need of palliative care and support and held end of life planning discussions. Patients requiring palliative care or with new cancer diagnosis were discussed at regular multi-disciplinary care meetings to ensure their needs assessment remained up to date.

The practice had identified their 2% of most vulnerable patients, who were at risk of an unplanned admission to hospital and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients.

We saw no evidence of discrimination when making care or treatment choices, with patients referred on need alone.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

The learning needs of staff were identified and staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. Details of mandatory and non-mandatory training where recorded. All GPs were up to date with their appraisals and all other staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house

training. Staff were able to access protected learning time (PLT) each month through the CCG where a variety of topics were discussed. Nursing staff said they were able to meet with the GPs regularly, for clinical supervision and best practice discussions, and that GPs were approachable. Staff said they felt confident in their roles and responsibilities, and were encouraged to ask for help and support.

Working with others and Information Sharing

Regular multi-disciplinary meetings were held with district nurses, health visitor, Macmillan nurses and clinical staff to identify and discuss the needs of those requiring palliative care, or safeguarding issues. Attached community nurses visited patients in nursing homes twice a week, and communicated with GPs as part of the CCG vulnerable adults wraparound service (VAWAS) initiative.

Nurses referred to and worked with attached specialist staff as necessary, such as diabetes dieticians or specialist coronary heart disease nurses.

Blood results, discharge letters and information from out of hours providers was received electronically and disseminated to the relevant member of clinical staff or the on call doctor. Where necessary a procedure for scanning documents was in place. A flagging system was used to identify urgent test results and these were prioritised for action. The GP recorded their actions around results or arranged to see the patient as clinically necessary. Patients were referred to hospital using an electronic referral system and used the two week rule for urgent referrals such as cancer. Referrals were completed by direct letters to the local hospital, and these were completed within appropriate protocols. The practice used the Choose and Book system for referrals where possible. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). GPs told us that they preferred to complete the Choose and Book system with the patient during the consultation as they felt they were best placed to advise the patient on referral times and pathways, such as where treatment would be provided. This ensured that the option selected was the best one of the patient.

The practice liaised with the out of hours provider regarding any special needs for a patient; for example regarding end of life care arrangements for patients who may require assistance over a weekend. The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care.

Consent to care and treatment

We found that staff were able to describe how they would deal with issues around consent. For instance, GPs and nursing staff explained examples where people had recorded advance decisions about their care or their wish not to be resuscitated. Where those with a learning disability or other mental health problems were supported to make decisions, this was recorded.

An area for recording consent was included in treatment templates and was documented on the computer as part of a consultation. Staff were able to explain how they would discuss a procedure, detailing risks and benefits. Staff were confident in discussing how they would deal with consent issues, including how they would involve parents and carers and escalate to a senior member of staff for advice where necessary.

Health Promotion & Prevention

The practice offered all new patients an assessment of past medical history, care needs and assessment of risk. Advice was given on smoking, alcohol consumption and weight management.

Nurses used chronic disease management clinics where patients were seen for multiple conditions to promote healthy living and ill-health prevention. Patients over the age of 75 had been allocated a named GP and were encouraged to attend for yearly health checks. Patients aged 40-75 were offered a health check in line with national policy, to help detect early risks and signs of some conditions such as heart disease and diabetes. The percentages of patients aged 65 or over, or in a risk group receiving a flu vaccination were around national averages.

The practice encouraged self-management and patient involvement of some conditions, including back pain and eczema. The practice website contains links and fact sheets for a number of different conditions, to help patients self-manage their issue.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations that took place in these rooms could not be overheard. The practice phones were located away from the reception desk which helped keep patient information private.

There was a chaperone policy and guidelines for staff. Nursing staff acted as chaperones where requested.

Patients we spoke with and the CQC comment cards we received indicated they were very satisfied with the service provided. Patients said they were treated with dignity and respect and that staff were pleasant and friendly. Patients said they were confident with the care provided and that staff took the time to listen to them. We also spoke with two members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. These high levels of satisfaction were also mirrored in patient surveys undertake by the practice and in comments made on the Friends and Family test.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Those identified as carers were being supported, for example, by offering health checks.

Staff told us that if families had suffered bereavement, they were sent a sympathy card and would be contacted by the GP to offer any support needed.

The practice scored highly in the latest NHS England GP Patient Survey of 139 responses, for instance:

- 99% described their overall experience of this surgery as good, this compared to the local (CCG) average of 91% and the national average of 85%
- 97% said that the last nurse they saw or spoke to was good at treating them with care and concern, this compared to the local (CCG) average of 94% and the national average of 90%
- 100% said they had confidence and trust in the last GP they saw or spoke to, this compared to the local (CCG) average of 96% and the national average of 95%.

Care planning and involvement in decisions about care and treatment

The practice scored highly in the latest NHS England GP Patient Survey of 139 responses including:

- 97% said that the last nurse they saw or spoke to was good at giving them enough time, this compared to the local (CCG) average of 96% and a national average of 92%
- 97% said that the last GP they saw or spoke to was good at involving them in decisions about their care, this compared to the local (CCG) average of 86% and a national average of 81%
- 96% said that the last GP they saw or spoke to was good at explaining tests and treatments, this compared to the local (CCG) average of 89% and a national average of 86%.

The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care. Nursing staff discussed care planning and supported patients to make choices about their treatment, including referral to specialist or community nursing staff. Extra time was given during appointments where possible to allow for this and multiple conditions could be discussed in one lengthened appointment.

There was only a limited range of health promotion and advice leaflets available in reception but additional information was available on request and on the practice website.

Patients we spoke to on the day of our inspection, and comment cards received, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Good

Are services caring?

Staff told us there was a translation service available for those whose first language was not English.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting different people's needs

The practice worked with the local CCG to improve outcomes for patients in the area and had recognised the needs of different groups in planning its services. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions such as COPD. Longer appointments could be made available for those with complex needs.

The practice worked closely with the CCG to discuss local needs and priorities and was piloting a new approach to managing patients with COPD. This involved the practice being able to fit oxygen saturation monitors to patients and have the downloaded data sent directly to a consultant for review. These patients also received daily calls from paramedics to check on their condition, if it had worsened they were given an urgent appointment at the practice. Despite having a high prevalence of patients with COPD the practice had lower than average rates of admissions.

The practice also worked closely with the local primary school to try and minimise any anxiety young children may have when they had to visit a GP. The reception class was invited to visit the practice and have a look around. The GPs were also involved in school based community activities, which helped them to become known to the children.

Home visits and telephone appointments were available where necessary. The building accommodated the needs of people with disabilities, incorporating features such as level access and accessible toilet facilities. Treatment and consulting rooms were on the ground floor. Disabled parking spaces were available in the car park outside.

Access to the service

Information was available to patients about appointments on the practice website and patient information leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable and 'on the day' appointments were available. On the day that we inspected the practice we checked when the next non-urgent appointment would be available and we were told that one was available for later that day; this was verified through the practices appointment system.

Telephone lines were open from 8:00am until 6:00pm Monday to Friday. Patients could access Saturday appointments from 8am until 12 noon at Peterlee Health Centre through a CCG initiative.

The latest NHS England GP Patient Survey of 139 responses showed patients had good access to the service, for instance:

- 99% of respondents found it easy to get through to this surgery by phone, compared to the local (CCG) average of 80% and a national average of 74%
- 97% of respondents describe their experience of making an appointment as good, compared to the local (CCG) average of 80% and a national average of 73%.

When necessary the practice would make special arrangements to meet the needs of patients. For example it had blocked of a half day of surgery appointments, for one of the GPs to make home visits (both in patient's homes and residential homes) to undertake assessment of the health of patients with learning disabilities.

The practice was also working with the 111 service to enable the service to book patients directly into GP appointment slots, therefore potentially reducing A&E attendances and attendances at the Urgent Care Centre.

The combined effect of the initiatives showed that the patients registered with the Silverdale practice made significantly lower use of the urgent care facility in the area which the practice estimated had resulted a significant financial saving in the use of urgent care in 2014/15.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in reception.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

We looked at a summary of complaints made during 2014/15 and could see that these had been responded to with an explanation and apology. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

There was an active PPG which met on a regular basis, carried out patient surveys and worked with the practice management team to improve services for patients. The patient survey carried out in 2014 was designed with input from the PPG. This had 76 responses. An action plan was then drawn up and agreed with the PPG, with areas the practice wished to improve following patient feedback, such as improving patient awareness of measures to improve confidentiality at reception, such as there being a separate area available.

Are services well-led?

Good

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

Our findings

Vision, Strategy and Culture

The practice had objectives, set out in its statement of purpose, which included timely access and holistic, patient-centred care. Staff knew and understood the values. The practice had worked with the PPG to develop a forward plan for how they wished to improve, which included improving on-line access for booking appointments and ordering prescriptions. The GP partners had recently undertaken a strategy meeting and had looked at strength, weakness, opportunities and threats to the practice. They had identified the need to increase clinical resources and had agreed to take on a further GP partner and an additional practice nurse.

Staff we spoke with agreed that communication within their own teams was good and they formed a strong supportive environment, where people worked flexibly and supported one another. Whilst communication within teams was good, communication between teams could be improved by having more frequent meetings that involved all those working in the practice.

Governance Arrangements and Improvement

Staff were clear on their roles and responsibilities and felt able to communicate with doctors or managers if they were asked to do something they felt they were not competent in. The practice had a governance policy which outlined structures and procedures to be followed. However, the practice had not completed the Information Governance toolkit, which is an online system which allows NHS organisations to assess themselves against Department of Health Information Governance policies and standards. They told us that this would be undertaken this year. Whilst they had not undertaken the formal assessment the governance systems in the practice were underpinned by a number of policies and procedures to govern activity and these were available to staff via the shared computer system. All the policies and procedures we looked at, such as chaperone policy, infection control procedures and human resources policies had been reviewed and were up to date. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve. The practice looked to continuously improve the services being offered and wished to encourage and foster a learning culture. We saw evidence that they used data from various sources including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.

The practice had identified lead roles for areas such as, safeguarding, dealing with serious incidents, child health, chronic disease management and infection control. A wide range of clinical audits were carried out including antibiotic prescribing, outpatient referrals and cancer referrals. The practice was able to demonstrate through the completed audit cycles, improvement in the appropriateness and effectiveness of treatments offered to patients.

The practice was committed to continuing development and improvement and the GPs were involved in a number of ways with the CCG including being the locality prescribing lead, chair of the CCG, clinical lead for primary care and clinical champion for paediatrics.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place.

The practice was a GP training practice for trainee GPs and medical students.

The practice had arrangements for identifying, recording and managing risks. Management staff demonstrated awareness of potential risks and health and safety assessments which addressed a range of health, safety and welfare issues, such as legionnaires risk assessment or recruitment checks for staff.

Practice seeks and acts on feedback from users, public and staff

There was an active Patient Participation Group (PPG), which met quarterly. The practice was actively advertising to recruit to the group to ensure it was representative of the practice population. PPG representatives told us, and we saw from minutes, that the practice asked them for feedback. For instance, where was most convenient to access a Saturday morning appointment, and whether the practice could provide in hours urgent care.

Are services well-led?

Good

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

We saw from minutes that the practice discussed with the PPG patient survey reports and produced action plans and reviews from these. These were published on the practice website. All staff were confident in raising concerns or feedback.