

Old Forge Surgery

Quality Report

Old Forge Surgery
Middleton-in-Teesdale
Barnard Castle
Co Durham
DL12 0QE

Tel: 01388 640217

Website: www.olforgesurgery.net

Date of inspection visit: 22 September 2016

Date of publication: 28/03/2017

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
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Old Forge Surgery	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 Old Forge Surgery on 20 and 22 September 2016. 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.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments.
- 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.
- The practice had a very active patient participation group (PPG), which worked with the practice to make improvements.

We saw areas of outstanding practice.

Summary of findings

A member of the practice staff had set up a 'books on prescription' system. This is a scheme run by The Reading Agency for the provision of a range of self-help books for people who were suffering a mental health condition.

The practice had really embracing community spirit and worked very closely with community groups. An example included the work they did with the Upper Teesdale Agricultural Support Service (UTASS), a local group who have a premise in the village, where they provide a range of service to several of the population groups.

5% of the practice population had been identified as carers and were being provided with options of health care, treatment and support.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Review frequency of Controlled Drug Checks in line with their practice standard operating procedures.
- Ensure medicines requiring refrigeration records of refrigerator temperatures are maintained in accordance with national guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.
- Patients affected by significant events received a timely apology and were told about actions taken 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

However, there was the need to review frequency of Controlled Drug Checks in line with their practice standard operating procedures.

Also the need to ensure medicines requiring refrigeration, records of fridge temperatures are maintained in accordance with national guidance.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were higher than the local CCG and national average. For example,
- 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had excellent relationships with visiting and attached staff. Through these relationships additional services had been developed to support patients who lived in this rural location. Examples included delivery of catheters and stoma bags and provision of a weekly chiropody clinic.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national survey showed that patients rated the practice higher than others for several aspects of care. For example, 96% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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 worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- There was good access to the practice with them operating 'open surgeries' every morning and two afternoons per week.
- Patients told us that they received continuity of care from GPs and nursing staff.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Due to the rurality of the practice a range of enhanced services were offered. These included minor injury care, fracture assessment; dressings follow up, near patient testing and eye examinations.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicator in respect of atrial fibrillation was 100%; this was 1% above the local CCG average and 2% above the England average.
- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs.
- The practice was part of the Vulnerable Adults Wrap Around Service (VAWAS). This was a service provided to vulnerable patients who are housebound or those at high risk of admission to hospital. This was a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs).

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%. This was 5% above the local CCG and 4% above the England average.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- One of the practice nurse's monitored patients on high risk medications on a monthly basis, had a system in place for reviewing their appointments and at last audit all patients had their next appointments booked.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81%. This was 2% below the local CCG average and 1% above the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

- The practice has been awarded the 'Young Carers Charter Award' (support systems for young people who are carers).
- The practice works closely with a local community group Upper Teesdale Agricultural Support Service (UTASS). Who amongst other activities offer youth drop in support in the premise they have in the village. The type of advice and support included education in regard to alcohol, drugs and sexual health.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Early morning nurse appointments were available from 8am.
- Open surgeries were available each morning and two afternoons a week with the latest routine arrival at 5.30pm.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.
- The practice works closely with a local community group, the Upper Teesdale Agricultural Support Service (UTASS). They provided lunch clubs, carers support and neighbourhood support. Soft intelligence was shared with the practice where issues had been identified.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Nationally reported data from 2014/2015 showed 89% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was 6% above the local CCG average and 5% above the England average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 83%. This was 7% below the local CCG average and the England 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 advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had introduced a 'book on prescription scheme' and had 36 books available to patient on a range of self-help topics.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed the practice was performing above or similar to the local CCG and national averages. There were 212 survey forms distributed for Old Forge Surgery and 124 forms were returned, representing 5% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared with the local CCG average of 79% and national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 84% and national average of 85%.
- 94% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 91% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 40 completed comment cards which were very positive about the standard of care received. We also received 10 patient questionnaires that had been distributed during the inspection. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as consistently excellent, very professional with conscientious staff. Also very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with three members of the Patient Participation Group. They also confirmed that they had received very good care and attention and staff treated them with dignity and respect.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service **SHOULD** take to improve

- Review frequency of Controlled Drug Checks in line with their practice standard operating procedures.
- Ensure medicines requiring refrigeration records of refrigerator temperatures are maintained in accordance with national guidance.

Outstanding practice

A member of the practice staff had set up a 'books on prescription' system. This is a scheme run by The Reading Agency for the provision of a range of self-help books for people who were suffering a mental health condition.

The practice had really embracing community spirit and worked very closely with community groups. An example

included the work they did with the Upper Teesdale Agricultural Support Service (UTASS), a local group who have a premise in the village, where they provide a range of service to several of the population groups.

5% of the practice population had been identified as carers and were being provided with options of health care, treatment and support.

Old Forge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a CQC Pharmacist Inspector and a GP Specialist Advisor.

Background to Old Forge Surgery

Old Forge Surgery, Middleton-on-Teesdale, Barnard Castle, County Durham, DL12 0QE

is located in the picturesque village of Middleton-on-Teesdale.

The practice provides services under a Personal Medical Services (PMS) contract providing service to the practice population of 2682, covering patients of all ages. The practice covers a large rural area of 320 square miles in rural Teesdale. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is below the England average. The practice scored six on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has three GP's, one of who is a partner and two who are salaried. One is male and the other two female. There are three practice nurses. There is a practice manager, who is also a partner and a team of administration and dispensing staff.

The practice is a GP training practice. They also mentor Carer Start Nurses.

The Old Forge Surgery is open between 8am to 6pm Monday to Friday. The practice operates 'open surgeries' every week day morning and two afternoons per week.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 20 and 22 September 2016. During our visit we:

- Spoke with a range of staff including two GPs and two practice nurses. We also spoke with the practice manager, and members of the reception/administration team. We also spent time with the dispensing staff on the first inspection day.
- Spoke with three members of the patient participation group (PPG).
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.
- We also spoke with two members of a local community group.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of incidents and they were discussed at the practice meetings.
- Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice.

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. For example, there was an issue with a patient not seeing the medical report prior to it being sent to insurance company. The practice reviewed its processes, developed a new template which included a checklist to ensure that all elements were dealt with.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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 staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.

- Information telling patients that they could ask for a chaperone if required was visible within the practice. 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. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. A full audit had taken place in July 2016 and a clear action plan was in place. We saw that action was taken to address any improvements identified.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.

A process was in place to check medicines were within their expiry date on a monthly basis using the dispensary computer system. This system was also used to check GP bags for content and expiry dates. We saw evidence of this system being used when checking one GP bag. Expired and unwanted medicines were disposed of in accordance with waste regulations.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs were carried out but not on a regular basis as documented in their own practice standard operating procedures.

Are services safe?

We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of errors and actions taken. There was a process in place to review errors and we were told these were discussed monthly at their newly developed dispensary meeting and also at the quarterly practice meeting.

All prescriptions were signed by a GP before they were given to patients and there was a robust system in place to support this. We saw evidence of how staff managed medication review dates and how prescriptions were monitored, including those that had not been collected.

We also saw evidence of how the practice monitored usage of patients medicines to ensure patients were compliant and using their medicines correctly.

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. We found in the dispensary that fridge temperatures were not always recorded on a daily basis and there were nine missed recordings between July 2016 and September 2016. All other fridge temperatures throughout the practice were recorded appropriately.

Vaccines were administered by nurses and using directions which had been produced in accordance with legal requirements and national guidance however on inspection of two documents we found the list of nurses had not been authorised by the Lead GP. We informed the practice of this on the day and they were signed immediately.

Prescription pads were stored securely and there were systems in place to monitor their use.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents. A defibrillator was also available on the premises. Emergency medicines were easily accessible to staff and all staff knew of their location; all medicines we checked were in date and suitable for use.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The recruitment process within the practice was an inclusive one. For example, administration staff were involved by showing perspective staff around the practice and having informal discussions with them. They then shared their views with the interview panel.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment and regular fire drills were carried out. We saw where any risks had been identified these had been actioned.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- There was a first aid kit and accident book available.
- Effective systems were in place for dealing with medical emergencies, for which there had been a number.
- There were also two first responders available as was a community defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked medicines were in date and stored securely.

Are services safe?

- The practice had a 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.
- The practice has a member of staff who takes the lead for initially dealing with all new NICE guidance. They summarise the relevant guidelines and feedback to colleagues at minuted meetings and make the summaries available to relevant staff.

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 for 2014/2015 showed the practice achieved 99.7% of the total number of points available, with 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). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%. This was 5% above the local CCG and 4% above England average.

- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 83%. This was 7% above the local CCG average and 7% above the England average.
- The percentage of patients his was 7% above the local CCG average and 4% above the national average.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 89%. This was 6% above the local CCG average and 5% above the England average.

Clinical audits demonstrated quality improvement.

- The practice had completed 12 audits, a number of which were completed two cycle audits. Where they were not two cycle, this was because the second audit was not yet due. We looked at a sample of audits that had been completed. These included among others, an audit of patients who were taking a high risk medication. Also an audit of the correct coding for patients who hold a shot gun licence/certificate.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, in regard to the audit for patients who were taking high risk medication we saw that a number of actions had taken place from first audit and changes had been sustained when re-audited a year later and then in 2016. One of the actions was that they practice nurse ensured that all patients had regular monthly monitoring. They put in place a search each month on all of these patients to check that an appointment had been made and bloods checked. Where this was not the case follow up phone call was made. In addition, when blood test was carried out the patient's next appointment was made. At the last audit in September 2016 all patients on this medication had been reviewed regularly and had their next appointment booked, ensuring that high-risk drug continues to be appropriately monitored.

In the review of other audits looked at, it was clear that the practice was proactive in ensuring it worked in accordance with relevant guidelines and that information about patients was appropriately recorded on their records. An

Are services effective?

(for example, treatment is effective)

example included the way in which feverish illness in children was recorded, with triggers being developed to prompt interventions. The practice has seen an increase in the recording of temperatures in children.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses.
- 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 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 people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis. These included gold standard framework meetings. The practice also held a weekly clinical meeting.

The practice had excellent relationships with visiting and attached staff. Through these relationships additional services had been developed to support patients who lived in this rural location. Examples included amongst others delivery of catheters and stoma bags and provision of a weekly chiropody clinic.

The practice held a register for patients who had chronic diseases. They ensured these patients received their annual reviews and where patients had more than one long term conditions they were reviewed at a single visit. This prevented the need for patients to have several visits to the practice for different conditions. For patients who were able to attend the practice they had access to a range of support. This included health promotion and education. In addition, specialist community nurses/professionals held clinics at the practice to provide the healthcare and support needed. These included for example, dietician, stoma clinic, respiratory nurse, heart disease nurse and the involvement of community psychiatric nurses.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had access to MCA prompt cards in the consulting rooms, these provided guidance for staff on issues relating to the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 81%. This was 2% below the local CCG average and 1%

below the England average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were high and were above or comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, rates for all but one of the immunisations were 94% - 100%.

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. Nationally reported data from 2014/2015 showed the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 140/80mmHg or less was 73%, this was 4% below the local CCG average and 5% above the England average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

One of the nurses had a special interest in weight management and ran a pilot weight management session after core hours. Information received from the practice detailed that since the inception there is a group of 27 patients using the service with positive outcomes.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

There was a strong, visible and person-centred culture within the practice, with a motivation to offer care that was provided to patient that was closer to home.

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that confidential 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 the opportunity to discuss their needs in private.

Feedback on the patient CQC comment cards and questionnaires we received was very 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. Patients we spoke with told us they valued the fact that the practice provided continuity of care. They spoke of the professionalism of staff and the accessibility to the practice.

We spoke with three members of the patient reference group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We observed staff coming to the waiting room and supporting patients that needed assistance to the consulting rooms.

Results from the national GP patient survey published in July 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above or similar to the local CCG and national average for questions about how they were treated by the GPs, nurses and receptionists. For example:

- 96% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 96% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 95% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 98% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 93% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 94% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 93% said they found the receptionists at the practice helpful compared to the local CCG average of 79% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 to the local CCG and national averages. For example:

Are services caring?

- 96% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 92% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 93% and national average of 90%.
- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 90% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop available for patient if they needed this.

Patient and carer support to cope emotionally with care and treatment

There was information available for patients in the waiting room and on the practice website about how to access a number of support groups and organisations.

- The practice had register of carers which at the time of the inspection was nearly 5% of the practice population. The practice provided carers with an annual health check and annual flu vaccination.
- The practice sign posted carers to local services for support and advice.
- The practice had integrated working with a number of support groups. These included the Upper Teesdale Agricultural Support Service, Durham Carers Support and the Alzheimer's Society where they had access to a dementia advisor.
- They also worked with groups to prevent social isolation through the provision of lunch clubs.

Staff told us that if families had suffered bereavement, the named GP contacted the patient or their family and usually carried out a home visit and a bereavement card was sent. The GP also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. Reception staff contacted the family a year after the bereavement to offer any additional non-clinical advice and support.

Patients of the family of patients who had palliative care needs had the mobile telephone numbers of the GP's. An example of how caring the practice was included a GP being off duty and travelling to a social event with friends when they received a call to inform them that one of their palliative care patients was extremely poorly. They left the event, got a taxi to be with the patient in their last hours of life.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

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

- There were longer appointments available for people with a learning disability or any patient who had a need for this.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities available and all the consulting and treatment rooms were on the ground floor.
- There was a facility on the practice website to translate the information into different languages.
- Due to the rurality of the practice a range of enhanced services were offered. These included minor injury care, fracture assessment; dressings follow up, near patient testing and eye examinations.

During the inspection, whilst observing in the waiting area a patient arrived who had sustained an injury at work. They were seen by the GP within minutes of arriving at the practice, provided with initial treatment before being referred to the local hospital.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was above the local CCG and England average. This reflected the feedback we received on the day. For example:

- 94% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 92% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and national average of 78%.

The practice and staff of the practice were involved in supporting the wider community. Examples of this support included having nurse first aid cover at community events such as local fun runs and firework nights. The practice also conducted health checks opportunistically at local agricultural shows.

Nursing staff also delivered medication to patients where a need had been identified and also collected specimens.

After reading an article in national newspaper about the 'books on prescription scheme' one of the practice nurses introduced the scheme to the practice. The scheme was about providing patients with self-help books and encouraging library attendance. Due to the rural nature of the practice attendance at the library was not appropriate. As such, the nurse contacted a number of organisations who donated books so the practice could have an in-house library. To date, the practice has 36 titles covering a range of common mental health conditions including dementia, teenage issues and eating disorders. The scheme commenced in June 2016 and one evaluation had taken place. 14 books have been loaned to patients, 50% were recommended by the practice nurse, 14% by a GP and 36% were self-chosen. The evaluation concluded that the resource was being underused and there was a plan in place to increase the usage. Actions planned included the nurse to review one book per week to discuss at clinical meetings so that clinicians had a clearer knowledge about their content and suitability to prescribe. Also for reception staff to give patient feedback forms that would be included in the next evaluation.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

Old Forge Surgery was open between 8am and 6pm Monday to Friday. An 'open surgery' was held every morning and two afternoons per week, meaning that patients did not have to make an appointment in advance and would be seen on the same day.

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above or similar to the CCG and national average. This reflected the feedback we received on the day. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 75%.
- 97% found it easy to get through to this surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73%.

- 97% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

Listening and learning from concerns and complaints

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

The practice 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.
- Information was available to help patients understand the complaints system in the complaints and patient information leaflets. These were available in the waiting room.
- There was a suggestion box in the waiting area for patients to use to give feedback to the practice.

We looked at complaints that had been received in the last 12 months. There had been three complaints within this period. We found there was a robust system in place for handling complaints. They had been dealt with in a timely way and the practice had been open and transparent.

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 stated vision. It was detailed that they aimed to provide excellent care along with quality services. In addition was looking at new ways of working. The practice were clear about the culture they had. This included the sense of community, compassion, caring and partnership working.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision.
- Key staff within the practice had 'away days' where they undertook a comprehensive review of all of the practice's activities, staff, roles and responsibilities.
- The practice had a clear strategy in place for succession planning.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring 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, openness and transparency

The partner, salaried GP's and practice manager 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 and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Senior staff within the practice demonstrated a continual commitment to the wellbeing of their staff teams. They actively promoted a positive work-life balance. They supported their wellbeing, with a dog walking group being available as well as support from one of the GP's for weight management.

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held, both formal and informal. Meetings included full practice meeting, clinical meetings, partners meetings and significant event meetings.
- Staff told us that 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.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager 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

Are services well-led?

Good 

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

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
- The practice had also gathered feedback from staff, generally through staff 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 also produced a quarterly newsletter. This contained information about changes to staff and about other initiatives that had taken place, such as the introduction of the community defibrillator and books on prescription.

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 looked to improve outcomes for patients in the area.

The practice manager is a board member for the Durham and Dales Federation.

The practice had really embracing community spirit and worked very closely with community groups. An example included the work they did with the Upper Teesdale Agricultural Support Service (UTASS), who provided a range of service to several of the population groups.