

Leadgate Surgery

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 an announced comprehensive inspection at Leadgate Surgery on 2 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had developed a clinical system that identified a wider range of patients at risk of harm including those at risk of domestic violence and those at risk of harming themselves.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned. For example, administration and reception staff had received extra training in answering the telephone and clinical staff in motivational interviewing.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they found it easy to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were available to book in four days; telephone consultations were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, including the Patient Participation Group (PPG).
- Information about services and how to complain was available and easy to understand.

We saw several areas of outstanding practice:

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the GPs had created the Derwentside Clinical System (DCS) in Primary Care which was a function in the

Summary of findings

computer system that bridged the gap between guidance and implementation. This system had been recognised nationally and adopted by 70 other organisations. The system ensured that patients received the right treatment at the right time. It eliminated duplication of tests and helped ensure patients did not miss any recalls.

- The practice encouraged a culture of innovation and improvement; staff were encouraged to increase their knowledge and skills. The apprentice at the practice had won an award from Derwentside College in November 2015; this was 'Excellence in Business Administration Apprenticeship'.
- There was a strong focus on early identification and prevention of disease and long term conditions. The practice had proactively monitored patients at risk of diabetes since 2009 and had received funding from

Public Health England following a proposal they made. This was to implement a more comprehensive system for diabetes prevention and began in May 2015 based on NICE guidance. This had demonstrated very significant results in identifying undiagnosed impaired glucose regulation (patients at risk of developing diabetes). This approach had now been rolled out to five other local practices with the support of the local Public Health Department and NHS England. Data showed that diabetes prevalence at the practice was lower than similar practices in the area but the register of patients at risk who were being monitored was much higher. Therefore these patients had the benefit of early identification and treatment if necessary.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- There were enough staff to keep patients safe.
- The Derwentside Clinical System (DCS) devised by the GP included many elements to improve patient safety, including automated safety reports, identification of medicines requiring monitoring and the 'STOPP' tool which identified frail patients at risk of medicine side effects.
- The DCS also had an integral safeguarding 'toolkit', this provided up to date guidance and referral pathways for patients who may be at risk of harm, which had been adopted across the Clinical Commissioning Group.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, a more comprehensive system for diabetes prevention began in May 2015 based on NICE guidance and this had demonstrated very significant results with regard to identifying patients at risk of developing diabetes. This approach had now been rolled out to five other local practices with the support of the local Public Health Department and NHS England.
- Data showed that the practice was performing highly when compared to practices nationally. For example,

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 93% compared with a national figure of 84%

Summary of findings

The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) was 85% compared to a national figure of 75%

The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared to a national figure of 94%

- Since 2009 there was a routine call and recall system for patients with impaired glucose regulation and gestational diabetes which had had a positive effect on the reduction in disease development.
- There was an effective and innovative additional service (DCS) which had benefitted patients by promoting patient self-management. This was popular with patients and demonstrated improved outcomes.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The DCS had been adopted by 70 other organisations.
- We saw evidence that care for patients with bronchiectasis had significantly improved over the past year following audit and the DCS system. For example, in 2014 31% of patients were receiving treatment of the correct duration but this increased to 58% in 2015 following intervention. Use of correct diagnosing procedures following audit also increased from 31% in 2014 to 76% in 2015.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs, for example in telephone handling and motivational interviewing.
- There was evidence of appraisals and personal development plans. Staff worked with multidisciplinary teams.
- The practice had proactively reached out to other practices and was working constructively with other organisations to improve patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable/higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patient's survey results were consistently higher/comparable with local and national averages.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There were innovative approaches to providing integrated person-centred care. For example the DCS provided templates which were accessible to other care providers.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the telephone system had been changed and further training undertaken by staff. This had improved access for patients.
- Patients could access appointments and services in a way and at a time that suits them. Urgent appointments were available the same day, routine appointments in four days. Telephone consultations were available daily.
- Patients said they would always be seen if they needed an appointment.
- 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 reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The implementation of the DCS enabled efficient and improved access to proactive diabetes and fragility fracture screening for the whole CCG.

Outstanding



Summary of findings

The practice responded to the specific needs of its community by offering extra support to patients, as part of the DCS patients could be offered any screening/tests relevant to their condition and this was done opportunistically and in annual reviews.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a clear leadership structure and staff felt supported by management. .
- 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.
- There was an active patient participation group (PPG) and the practice had regular contact with them.
- Staff had received regular performance reviews and attended staff meetings and events.

The DCS Call/Recall System had been adopted by other practices in Durham and Newcastle.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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 patients in its population and had a range of enhanced services, for example, in dementia and end of life care.
- As part of the 'Improving Outcomes Scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital.
- The practice had created a unified, evidence based system (DCS) for identifying and managing frailty and integrated this into other care such as in review appointments. They held a register of frail patients.
- Prior to implementation of the DCS the number of patients identified as frail in the medical record was two. As at 7/2/16 the number of frail patients on the 'register' was 76 (1.3% of the total list).
- The practice shared the information with other health and social care professionals.
- They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Over 30% of the practice population (half were of working age) had a long term condition and the practice had devised a system that was based on patient priorities and was evidence based.
- The DCS was an integrated system that avoided duplication for patients and clinicians with prevention of development of long term conditions at the heart of the system.
- Data showed that outcomes had improved for patients with long term conditions following implementation of the DCS, including those with, bronchiectasis and pulmonary fibrosis and patients at high risk of diabetes. This was because patients at risk were regularly monitored and screened at appropriate intervals. The system was based on implementing national or local guidance.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Appointments for children were always available as needed.
- The GP had devised a template on the computer that identified children who were at risk; this had been adopted by 70 other service providers. The safeguarding toolkit ensured that correct guidance and referral pathways were available for staff.
- The practice had been commended by the local safeguarding team for the implementation of the toolkit.

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



- The needs of this group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care.
- Patient surveys results were consistently high.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The Practice Nurse had completed extra training in order to offer the contraceptive implant service to patients who needed it and this was available to book at any time.
- The practice had a high level of patients who were of working age with long term conditions and ensured that all care was provided in one review if possible and also opportunistically. These patients were part of an effective recall system in the DCS and were followed up by telephone if they did not respond to letter invitations. The DCS was an integrated system that prevented duplication of tests and appointments for working age people. Care given was based on up to date evidence based guidance within the system used.
- Care was provided at a time to suit the patient.

People whose circumstances may make them vulnerable

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

Good



- The practice had carried out annual health checks for people with a learning disability.
- The practice held a register of patients living in vulnerable circumstances.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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.
- The template produced by the GP had enabled streamlined information sharing with appropriate personnel and the ability to have guidance and implementation in one area.
- The template ensured that all relevant tests were undertaken in one visit.

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



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had received training on how to care for people with mental health needs and dementia.
- The DCS enabled all patients with poor mental health to be identified and all relevant care that needed to be provided was in the prompt area of the template.
- The DCS ensured that there was full integration of mental health issues into the LTC management system.
- The dementia diagnosis rates had consistently risen between August 2014 and March 2015 and 95% of patients in the at risk group had been diagnosed with dementia following action by the practice. This was the highest figure in the CCG.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line and higher than local and national averages. There were 124 responses from a survey of 345 forms which represented a response rate of 36%. This equates to just over 2% of the practice list size.

The practice scored higher than average in terms of patients being able to access appointments. For example:

- 82% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 91% of respondents describe their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.

Results indicated the practice was also comparable or higher than average in other aspects of care, including having confidence and trust in the clinician. For example,

- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 98% and a national average of 97%.

- 98% of respondents had confidence and trust in the last GP they saw or spoke to compared to a CCG average of 97% and a national average of 95%.
- 93% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 90% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards and spoke with five patients, including one member of the Patient Participation Group. All of these were positive about the standard of care received. Patients stated they found it easy to get an appointment. Staff were consistently described as polite, helpful and caring. Patients on the day stated they felt listened to by the GPs and that the practice strove to accommodate them. Patients stated that the practice was clean.

Leadgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a Practice Manager specialist advisor.

Background to Leadgate Surgery

Leadgate Surgery is situated in Leadgate, a village near Consett, Co Durham. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours. The practice covers the area of Leadgate and surrounding areas. Leadgate is an ex-mining and steelworks community. There are 5750 patients on the practice list and the majority of patients are of white British background.

The practice is a training practice and has one GP Registrar. The practice is a partnership with two partners. There are three GPs. There are two Practice Nurses, one Nurse Practitioner and one Health Care assistant. There is a Practice Manager, Deputy Practice Manager and reception and administration staff.

The practice at Leadgate is open between 8.30am and 5.30pm Mondays to Fridays and has extended hours from 5.30pm to 19.45pm on alternate Tuesdays and Wednesdays.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG. They have an agreement with the CCG that care after 5.30pm will be provided by the out of hour's service.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

The practice is rated as good for providing safe services.

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

- All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This was an electronic reporting system which allowed the practice to collate information easily.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example the practice had implemented an automated search facility in the computer system to ensure all blood test results were followed up after an incident where one was missed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. They 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 and they had completed level 3 safeguarding training for children. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- The practice had implemented the Derwentside Clinical System which was a function in the computer system, to improve safety. It provided a review of guidelines and legislation, a unified system and also identified patients who were at risk including:
 - children with safeguarding issues
 - adults with safeguarding issues
 - patients at risk of domestic abuse
 - Those at risk of harming others

The system had been adopted by local safeguarding team and promoted locally and nationally

- The practice had also developed the construction of a system to improve the management of patients on high risk medicines such as methotrexate. For example, when the system was built and first run 37 patients out of 78 had an outstanding test or assessment. When the same search was rerun the figure was 8 out of 67.
- A notice was displayed on consulting room doors, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An example of this was that the practice had changed taps in clinical areas.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However we observed that some fridge temperature recordings had been missed. The practice put a system in place to ensure that this would be rectified. Regular medication audits were carried out with the support of the local CCG pharmacy teams to help ensure the practice was

Are services safe?

prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We looked at three staff files and found that relevant recruitment checks had been undertaken. For example, proof of identification, DBS checks, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example; we saw evidence that care for patients with bronchiectasis had significantly improved over the past year following audit and utilising the DCS system. In 2014, 31% of patients were receiving treatment of the correct duration but this increased to 58% in 2015 following intervention. Use of correct diagnosing procedures also increased from 31% in 2014 to 76% in 2015.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice had developed a fragility fracture primary prevention pathway, and a register of patients at risk of developing diabetes. Data showed that the practice had proactively identified patients at risk of diabetes and that these patients had received early intervention, support and monitoring. The prevalence of diabetes at the practice was lower than other practices in the local area. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, a more comprehensive system for type 2 diabetes prevention began in May 2015 based on NICE guidance and this had demonstrated significant results with regard to identifying patients at risk of developing diabetes. This approach had now been rolled out to five other local practices with the support of the local Public Health Department and NHS England.

- The practice had adapted and improved a 'STOPP' tool; this was a tool that identified patients who were taking multiple medications that may put them at risk, for example of side effects that may lead to falls. This tool enabled the clinician to stop unnecessary medicines.

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.

For example, NICE guidance for patients who had diabetes.

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

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The practice monitored the process for seeking consent by auditing records. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Practices can exclude patients from the QOF which is known as 'exception reporting'. This ensures that the practice are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication

Are services effective?

(for example, treatment is effective)

or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 11% which was above the local CCG and national averages. Data from 2014 – 2015 showed,

- Performance for diabetes related indicators was comparable with the national average. For example, For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 84% compared to a national average of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was higher than the national average of 84%.
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared to a national average of 84%. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 98% compared to a national average of 94%.
- The practice engaged in an integrated diabetes prevention strategy and since May 2015, 129 patients were assessed, 128 were found to be at high risk, 122 patients had had an HbA1c blood test, 37 (30%) had a new diagnosis of impaired glucose regulation (therefore at risk of developing diabetes) and 1 new case of diabetes had been identified.
- Through implementation of the fragility fracture prevention pathway the practice had identified that from 514 assessments
 - 79 scans had been done - 19% were normal
 - 39% had osteopenia requiring treatment
 - 39% had osteoporosis requiring treatment

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes.

- There had been three clinical audits completed in the last two years that were second cycle audits. One of the audits related to patients with bronchiectasis. Findings were used by the practice to improve services as they had found that patients with this condition had been

missed as they had been diagnosed in secondary care without the practice being informed. This was important to know as the care of patients with bronchiectasis differed when they needed antibiotics. The practice had also completed an audit to identify antibiotic prescribing in these patients to ensure correct guidance was followed.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety, infection control and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. There was facilitation and support for the revalidation of doctors.
- Staff received mandatory training; this 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. Clinical staff had received extra training in motivational interviewing and administration and reception staff in telephone answering.

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.
- All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together, and with other health and social care services to help ensure that they understood, planned and met patient's complex needs. 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 monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service.

- A counsellor, chiropodist and community psychiatric nurse were available on the premises as the practice made a room available for them. The practice also offered an acupuncture service on the premises in conjunction with other local practices.

The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 96% to 100% and five year olds 97% to 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. Targeted and opportunistic screening was done in order to diagnose diabetes and provide early intervention. The practice also screened patients who may be at risk of developing diabetes and had a register for annual recalls. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans. Patients with respiratory disease also had self-management care plans.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice is rated as good for providing caring services.

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Staff had received extra training for telephone consultations and motivational interviewing. 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%. There was disabled access in the building.

- 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 conversations taking place in these rooms could not be overheard.
- Chaperone information was available on consulting room doors. Chaperones were offered to patients and all staff who acted as chaperones had received training and DBS checks. Breastfeeding facilities were available.
- The practice had a private room away from the reception area to ensure confidentiality and this was available to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 17 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that if they needed to be seen that day they would be. We spoke with one member of the Patient Participation Group (PPG) who said that the practice was responsive and caring. They said that the practice tried very hard to recruit more members to the group and sent out regular emails to all patients with online access to advertise the group. They had also advertised in the local Leadgate newsletter in an attempt to raise numbers. They said that they felt listened to and could contact them with any issues.

Results from the national GP patient survey showed patients were happy with how they were treated and that

this was with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

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

The practice participated in the 'Improving Patient Outcomes Scheme' in conjunction with the CCG. This was an incentivised scheme. The practice had chosen to undertake specific projects to integrate prevention of cardiovascular disease, diabetes and fragility fractures and used the DCS to improve care.

We reviewed results from the national GP patient survey with regard to patients' involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

Are services caring?

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 90% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

The practice had a carers register and information to support carers was in the waiting room. There were 1.7% of the practice population on the register and the practice was proactively checking for more patients that were carers. Carers were offered health checks and referrals to 'Durham Carers', which was a local charity the practice had good links with.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Bereavement support information was available in the waiting room and we were told that the practice sent a card to bereaved patients to offer sympathy and support. Information regarding support for patients experiencing mental health issues was available in the waiting room.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had shared the DCS with other practices in two CCG areas.
- The practice had a vision of providing early intervention and prevention to its patients and had engaged staff in further training in motivational interviewing, this was done annually. There was a culture of encouraging a behaviour change approach and providing opportunistic screening.
- There were innovative approaches to providing integrated person-centred care. For example the practice had been monitoring patients at risk of developing diabetes since 2009 and these patients were on a register with annual recalls. This meant that these patients would be identified and provided with health promotion advice and treatment earlier. Improved outcomes were seen by the fact that the practice had a lower prevalence of diabetes in comparison with other practices in the CCG. The practice also monitored patients with fragility fractures as these patients needed specific treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. An example of this was a new telephone system had been installed with extra capacity for answering calls and staff had undertaken extra training to effectively deal with the calls.
- Patients could access appointments and services in a way and at a time that suited them. In response to patient feedback the practice had increased the number of telephone consultations. This was reflected in the patient survey results for example,
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 100% compared to the national average of 85%.

- The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 94% compared to the national average of 79%
- 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 worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. The practice had the services of a pharmacist as part of this scheme to assist with complex discharge medications and patients with complex drug regimes. Data from the practice demonstrated that they were 5th most effective prescribers in the CCG (out of 31 practices) with regard to underspend of budget. The practice had chosen to undertake specific projects to integrate prevention of cardiovascular disease, diabetes and fragility fractures using the DCS to improve care.

The practice had an active PPG, although the practice had had problems recruiting new members. The most recent Friends and Family test (whereby patients indicate how likely they would be to recommend the practice to friends or family) was that 100% were extremely likely or likely to recommend the practice (based on 6 reviews).

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

- Longer appointments were available to patients who needed them.
- Home visits were available for older patients / patients who would benefit from these including those with a learning disability.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- The Practice Nurse had completed extra training in contraceptive implant fitting and offered this service to patients in order to treat them closer to home.



Are services responsive to people's needs?

(for example, to feedback?)

- The DCS templates ensured that nothing was missed in the patient's appointment; it also ensured that tests were not duplicated.

Access to the service

The practice at Leadgate was open between 8.30am and 5.30pm on Monday to Friday and offered extended hours from 5.30pm to 19.45pm on alternate Tuesdays and Wednesdays. The practice had an agreement with the CCG that GPs could be accessed during core hours via the 111 out of hours service. Pre-bookable appointments were available. Urgent appointments were also available each day. Telephone consultations were available each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above average compared to local and national averages. For example:

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

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 is rated as good for providing well-led services.

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

- The practice had a mission statement which was displayed in the waiting areas.
- Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access, for example in the templates produced for the computer system.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement in patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were supported to address professional development needs for revalidation and all staff were supported or had planned appraisal schemes and continuing professional development. All staff had learnt from incidents and complaints.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The 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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had away days every year to promote teambuilding and we were told that the practice facilitated a bottom up approach.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- Staff told us that they would be happy to approach the partners at any time with issues they wanted to discuss.
- Staff told us that there was a supportive approach to staff development. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had changed the telephone answering system to introduce more lines.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Clinical staff had completed extra training such as motivational interviewing in order to promote a behaviour change approach to health promotion and promote patient engagement with their care. The focus in the practice was

on early identification and prevention of disease and long term conditions and this was evident in the development of the Derwentside Computer System. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this included the introduction of templates to improve and facilitate patient care. The practice had also implemented the frail elderly register to provide comprehensive assessments for patients in this population group. The integrated diabetes prevention strategy helped ensure that fewer patients developed type 2 diabetes instead remaining at the pre-diabetic stage. The practice were seen to collaborate and share best practice. The practice had a vision of efficiency, delivery of safe, compassionate, high quality care and innovation with continuous improvement.