

Horden Group Practice

Quality Report

Seaview Health Centre
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

The population groups are rated requires improvement overall because there are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

We carried out an announced comprehensive inspection at Horden Group Practice on 23 November 2017. We inspected this service as part of our comprehensive inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion.
- Information was provided to patients to help them understand the care and treatment available.

Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice provided a teledermatology service to all local patients. The practice could photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This reduced unnecessary hospital referrals and was a convenient and quick service for patients. There had been 103 teledermatology referrals over the last year.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure there is an effective system for infection control. (See Requirement Notice Section at the end of this report for further detail).
- Ensure the proper and safe management of medicines.
- Ensure a system is in place for the management of patient safety alerts.
- Ensure health and safety risk assessments are carried out.

The areas where the provider **should** make improvements are:

- Carry out a risk assessment for non-clinical staff who have not received a disclosure and barring check (DBS).
- Develop a system the practice can monitor and ensure all equipment at the practice is fit for purpose.
- Assure themselves that patients know how they can complain about services from the practice.

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

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is an effective system for infection control. (See Requirement Notice Section at the end of this report for further detail).
- Ensure the proper and safe management of medicines.
- Ensure a system is in place for the management of patient safety alerts.
- Ensure health and safety risk assessments are carried out.

Action the service **SHOULD** take to improve

- Carry out a risk assessment for non-clinical staff who have not received a disclosure and barring check (DBS).
- Develop a system the practice can monitor and ensure all equipment at the practice is fit for purpose.
- Assure themselves that patients know how they can complain about services from the practice.

Outstanding practice

- The practice provided a teledermatology service to all local patients. The practice could photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment

was necessary or not. This reduced unnecessary hospital referrals and was a convenient and quick service for patients. There had been 103 teledermatology referrals over the last year.

Horden Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Horden Group Practice

Horden Group Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 7,500 patients from two locations. We visited these addresses as part of the inspection.

- Seaview Health Centre, Fourth Street, Horden, Co Durham, SR8 4LD
- Peterlee Health Centre, Bede Way, Peterlee, Co Durham, SR8 1AD

Seaview Health Centre is situated in purpose-built premises in Horden; the health centre is shared with one other GP practice. All reception and consultation rooms are fully accessible for patients with mobility issues and are on the ground floor. There is car parking available at the front of the building with one dedicated disabled parking bay.

Peterlee Health Centre is a purpose built premises, the health centre is shared with other primary medical services. The practice have their own dedicated consulting rooms. There are disabled parking spaces in the patient car park, with wheelchair and step free access.

The practice has three GP partners (two female and one male) whole time equivalent (WTE) 2.8. The practice is a training practice who have GP registrars allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme). There is one advanced nurse practitioner (0.4), three practice nurses (WTE 2.4), and two healthcare assistants (WTE 1.7). There is a practice manager and assistant practice manager. There are 14 (WTE 9) staff who undertake administration duties.

The opening times at Seaview Health Centre at Horden are 8am until 6pm Monday to Friday and at Peterlee Health Centre from 8am Monday to Friday and until 5pm Tuesday to Friday and to 8pm on Monday.

GP appointments are available at both sites from 9am until 12noon, 2pm until 5pm and on a Monday at Peterlee Health Centre until 7:40pm.

The practice is part of NHS Durham Dales and Sedgfield clinical commission group (CCG). The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was not an effective system for infection control.
- The practice did not always have reliable systems for appropriate and safe handling of medicines.
- There was not an effective system for the management of patient safety alerts.
- Health and safety risk assessments had not been carried out.

Safety systems and processes

The practice had some systems, processes and practices in place to keep people safe:

- The practice had good systems in place to safeguard children and vulnerable adults from abuse. However, the safeguarding policy, although adequate, did not have a review date on it.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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), however there was no risk assessment of non-clinical staff who had not received a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The arrangements to manage infection prevention and control were not effective. One of the practice nurses was the infection control lead, although they had received infection control general training they had not

received the lead infection control nurse training. The infection control policy was not practice specific. There was an infection control audit for Seaview Health Centre and actions had been taken as a result of this however, the most recent infection control audit for Peterlee Health Centre had been carried out in 2015. The practice could not demonstrate they had an effective employee immunisation programme in place. There was a schedule of staff immunisations, however, there were gaps in this schedule, it had not been kept up to date, therefore the immunity status for some staff was unknown.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Risks to patients were not always assessed or well managed.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice were actively trying to recruit another GP into the practice, a locum GP was currently employed to fill this gap.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. They had access to the appropriate Sepsis clinical tools.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, and emergency medicines and equipment minimised risks. However, prescription pads which were kept in printers were not held securely. There was no system to ensure the oxygen was checked to be fit for use.
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor. However, not all of the PGDs we looked at were appropriately signed and the PGD for adrenaline had expired in June 2016.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- We saw that high-risk medicines were being used safely and followed up on appropriately. However, there was no policy regarding this.

Track record on safety

Risks to patients were not always assessed or well managed.

- The practice had a health and safety policy statement and staff had received health and safety training. However, they did not have a health and safety risk assessment in place for either surgery. At Peterlee Health Centre there was a consulting room where there was a hole in the wall and electrical wires could be seen. We gave the practice feedback regarding this and they advised that they would contact the landlord about this immediately to address the issue.
- There were fire risk assessments, fire safety training for staff and regular fire drills were carried out.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a complaint was raised as a significant event and further training given to staff as a result of this.
- There was evidence of patient and medicine safety alerts being shared with staff. However, the practice could not demonstrate a system for how they ensured they were all actioned and followed up.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. The practice had an educational forum which was usually held every month where NICE guidelines, standards and guidance were discussed. GP colleagues from neighbouring practices were also invited to attend.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group is rated as good for providing effective care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group is rated as good for providing effective care.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The practice were working to improve diabetic care and were in the process of reviewing patients' blood glucose levels where they were above their individual targets.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group is rated as good for providing effective care.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

Working age people (including those recently retired and students):

This population group is rated as good for providing effective care.

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice planned to set up an initiative in the coming year to invite patients over age 60 who had no contact with the practice in the last five years for an extended health check.

People whose circumstances make them vulnerable:

This population group is rated as good for providing effective care.

- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

This population group is rated as good for providing effective care.

- The practice received maximum points (100%) for the clinical domain of dementia in the Quality Outcome Framework (QOF). The practice offered dementia screening to all at risk patients as part of their annual chronic disease review. Patients with dementia were offered an annual review.
- The practice received maximum points (100%) for the clinical domain of mental health in the QOF. Patients on the mental health register were offered an annual review.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had taken part in a local prescribing incentive scheme where three mini audits had been carried out by the practice pharmacist and GPs. For example, one of these looked at the appropriate use of combined inhalers in the treatment of asthma.

The most recent published Quality Outcome Framework (QOF) results, 2016/17 were 98.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.7% and national average of 95.5. The overall exception reporting rate was 11.4% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- From the 19 clinical indicator groups we saw the practice had achieved 100% for 17 of them. The two areas which were less than 100% were diabetes 94.1% (local CCG average 95%, national average 97.2%) and heart failure at 96.9% (local CCG average 99.8%, national average 97.3%)
- On the inspection day we saw only one two cycle clinical audit regarding management of urinary tract infections (UTI) which had been completed one year previously. We were supplied with another two cycle audit regarding blood glucose once the draft report was

written. There were two other single cycle audits which had been carried out in the last year regarding minor surgery and chronic obstructive pulmonary disease (COPD).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. The practice were currently hosting and mentoring a career start nurse. Career start nurses are first level registered nurses, the career start scheme assists them in their career in practice nursing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop

smoking campaigns, tackling obesity. The health care assistant had been awarded a certificate of outstanding achievement for being advisor of the year for providing advice on smoking cessation.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. Staff themselves told us they felt that the practice gave a good service to patients and this was one of their strengths.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were 30 patient Care Quality Commission comment cards completed by patients prior to the inspection. 28 of them were positive and comments received included, excellent and good service and friendly and helpful staff. There were two cards which had unrelated negative feedback.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 283 surveys which were sent out, 108 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and in line with local and national scores for nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.

- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 85%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. There was a community notice board in the reception area which gave community information, for example about the local Christmas fayre.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (Just less than 2% of the practice list).

- The practice had a notice board with information for carers, they were offered flu vaccinations every year and the practice had links with the local carers association.
- The practice had a bereavement policy, if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

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

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.

Are services caring?

- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. There were extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- Specialist clinics were provided including minor surgery and contraceptive implants and IUD (intrauterine device, or coil) fitting and removal. The practice carried out travel vaccinations. There was a practice anti-coagulation clinic.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, housebound patients who required a blood test have this taken by the district nurse.
- The practice provided a teledermatology service, to all local patients. The practice could photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This reduced unnecessary hospital referrals and was a convenient and quick service for patients. There had been 103 teledermatology referrals over the last year.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group is rated as good for providing responsive services.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice participated in a Vulnerable Adults Wrap

Around Service (VAWAS) where advance nurse practitioners attached to the practice managed patient care in nursing and care homes. They provided daily visits to the frail elderly in their own homes.

People with long-term conditions:

This population group is rated as good for providing responsive services.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group is rated as good for providing responsive services.

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 months were offered a same day appointment when necessary.
- There was a weekly baby clinic held at the practice.

Working age people (including those recently retired and students):

This population group is rated as good for providing responsive services.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Monday evening.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group is rated as good for providing responsive services.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group is rated as good for providing responsive services.

- The practice had an in-house counselling service three days a week and a community psychiatric nurse attended the clinic on Thursdays.
- Staff had received dementia awareness training and had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 283 surveys were sent out and 108 were returned. This represented about 1% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.

- 95% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average – 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 85%; national average – 84%.
- 85% of patients who responded said their last appointment was convenient; CCG – 83%; national average – 81%.
- 83% of patients who responded described their experience of making an appointment as good; CCG – 76%; national average – 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG – 63%; national average – 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- However, in examples of responses to complaints we looked at, the letter from the practice made no reference to how the patient could complain to the Parliamentary Health Service Ombudsman (PHSO). There was not a specific leaflet for patients who wanted to complain which explained the procedure, nor was this information included in the practice information leaflet.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint resulted in a significant event which changed some medication procedures in the practice.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing a well-led service because:

- The governance arrangements did not always operate effectively.
- Policies and procedures were not always comprehensive, up to date or reflected current guidance.
- There were not always effective processes in place to manage risks.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Vision and strategy

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

- There was a clear vision and set of values. The practice had long term priorities with objectives set.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice had recently moved into new premises at the main practice. One of their priorities was to stabilise the practice following the move. Another was the recruitment of GPs and nurses into the practice.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients, staff told us they went the extra mile to look after patients.
- The practice had carried out numerous fund raising events throughout the year, they had supported a local animal sanctuary, national charities with dress down for work days and carried out gift collections for local charities for Christmas.

- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The governance arrangements did not always operate effectively.

- Assurance systems were not always comprehensive, for example, the management of patient safety alerts.
- There were policies and procedures in place; however these were not always comprehensive, up to date or reflected up to date guidance. There was no system for ensuring practice policies were up to date and in accordance with current guidance. For example, the safeguarding policy did not have a review date nor was there was system in place to ensure it was current and up to date.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care were set out, understood and effective.

Are services well-led?

Requires improvement 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

- There were not always effective processes in place to manage risks such as health and safety and management of medicines.
- There was evidence of clinical audit which had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. They practice had actively consulted with them regarding the recent move of the practice to gain their views.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was a focus on learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The healthcare assistant had been in post for 15 years, one of the first in the area. They had continually trained in this role and other practices looked to them for advice on how to develop their health care assistants.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Patient group directions were not appropriately signed and some had expired.</p> <p>Prescription pads which were kept in printers were not held securely.</p> <p>The infection control policy was not practice specific.</p> <p>The infection control audit for the branch surgery at Peterlee Health Centre was out of date.</p> <p>The infection control lead nurse had not received infection control lead training.</p> <p>The practice did not have an effective employee immunisation programme in place.</p> <p>This was in breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (2) (g) (h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was not an effective system for the management of patient safety alerts.</p> <p>Health and safety risk assessments had not been carried out.</p> <p>This was in breach of Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. 1, 2 (a) (b)</p>