

Bishopgate Medical Centre

Quality Report

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Date of inspection visit: 30 November 2015
Date of publication: 11/05/2016

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? | | Outstanding |  |
| Are services responsive to people's needs? | | Good |  |
| 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 Bishopgate Practice on 30 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw some areas of outstanding practice:

There is a strong visible, person-centred culture. Relationships between people who use the service, those close to them and staff are strong, caring and supportive.

The practice employed their own mental health care worker who triaged all mental health referral. They also had access to three in-house counsellors.

The practice had been accredited with the Young Carers Charter. The practice had signed up to a list of pledges, developed a dedicated policy to help young carers and their families.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Summary of findings

- Feedback from patients about their care and treatment was consistently positive. We observed a strong patient-centred culture, patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We found many positive examples to demonstrate how patient's lives were enhanced through the caring and supportive actions of staff. Patients' choices and preferences were valued and acted on.
- The practice had been accredited with the Young Carers Charter. The practice had signed up to a list of pledges, developed a dedicated policy to help young carers and their families.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a 'one stop shop' approach to appointments and clinics, which reduced the need for older patients from having to make repeated journeys to the practice.
- Home visits were conducted earlier in the day by a duty doctor, rather than the patient having to wait until later in the afternoon for their visit.
- The practice was part of the Vulnerable Adults Wrap Around Service. This was a service provided to vulnerable patients living in residential units, the housebound or those at high risk of admission. They were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses. This was a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were two chronic long term condition (LTC) nurses, both of whom could initiate insulin therapy.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, performance for patient with hypertension was 100%; this was 0.8% above the local CCG Average and 2.2% above the national average.
- Longer appointments and home visits were available when needed.
- All patients with a LTC had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Outcomes were monitored through clinical audits. Nurses and GPs worked collaboratively.
- There was a weekly onsite anti coagulation clinic which was run by the neighbouring pharmacy. The clinic provided a service to help patients manage their warfarin without having to attend hospital.

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.
- Nationally reported data for 2014/2015 showed the percentage of patients with asthma who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 83.5%. This was 6.6% below the local CCG average and 2.6% below the national average.
- Children's asthma management plan and personal action plans had been introduced.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- National reported data from 2014/2015 showed the practices' update for cervical screening was 100%. This was 0.5% above the local CCG average and 2.4% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had been accredited with the Young Carers Charter. The practice had signed up to a list of pledges, developed a dedicated policy to help young carers and their families. They made good information readily available throughout the surgery, recognising the need to maintain privacy and confidentiality.

Summary of findings

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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Nationally reported data for 2014/2015 showed 93.2 of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 10.2% above the local CCG average and 9.2% above the national average
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.

Good



Summary of findings

- The practice had been actively involved in supporting the local community to become a dementia friendly town.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice employed their own mental health worker who worked two days per week and had access to three counsellors.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local CCG and national averages. There were 298 survey forms distributed and 111 were returned. This represented 0.8% of the practice's patient list.

- 87.4% were able to get an appointment to see or speak to someone the last time they tried (local CCG average 88.3%, national average 85.2%).
- 91.5% described the overall experience of their GP surgery as fairly good or very good (local CCG average 90.9%, national average 84.8%).
- 83.8% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (local CCG average 83.1% national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Comments included that all the staff were helpful and friendly and patients were treated with dignity and respect. Patients also said the staff were extremely knowledgeable and efficient.

We spoke with six patients during the inspection and two members of the Patient Participation Group. All said they were happy with the care they received and thought staff were approachable, committed and caring.

Bishopgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bishopgate Medical Centre

Bishopgate Medical Centre is situated in the centre of Bishop Auckland and provides services under a General Medical Services contract with NHS England, to the practice population of 13,792, covering patients of all ages.

The practice has four GP partners and six salaried GP'S, five male and five female GPs. There are two advanced nurse practitioners and seven practice nurses, three health care assistants and a phlebotomist. There is a practice manager, an assistant practice manager, a finance manager and a team of secretarial, administration and reception staff.

The practice is open between 8.00am to 6.00pm Monday to Friday. The practice is also open on Saturday morning between 8.00am to 12 noon (this is not every Saturday; dates are available on the practices' website). The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one

being the most deprived. The overall practice deprivation score is lower than the England average. People living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2015.

During our visit we:

- Spoke with a range of staff including three GP's, one advanced nurse practitioner, one practice nurse, one health care assistant, the practice manager and assistant practice manager and reception/administration staff.
- Spoke with six patients who used the service.

Detailed findings

- Observed how patients were being cared for.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We reviewed the minutes of significant events meetings that took place every month and saw that actions were reviewed from the previous month's meeting to ensure that learning had taken place. An example included the review of asthmatic patients under the age of 17 following a serious incident and the need to monitor these patients and their use of medication more closely. The practice planned to develop an 'at risk' register on the use of inhalers and hospital admissions. They were working in conjunction with the respiratory team at the local hospital trust.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. There was a detailed cleaning schedule in place which detailed which staff were responsible for specific areas. We observed the premises to be clean and tidy.
- The Chronic Disease 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 with the last audit in October 2015. We saw evidence that action was taken to address any improvements identified as a result. An example included obtaining foot operated peddle bins. Staff had received infection and prevention control training which was regularly updated.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and their own pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable Health Care Assistants, after specific training to administer vaccinations when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was disseminated through team meetings and ensured staff were aware of information relevant to them. NICE guidelines were regularly discussed at clinical meetings, including how these linked to personalised care plans and specific templates for care.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed the practice achieved 95% of the total number of points available, with 6.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 82.6% which was 8.8% below the local CCG average and 6.6% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 0.8% above the local CCG and 2.2% above national average.

- Performance for mental health related indicators was 92.6% which was 0.5% above the local CCG average and 3.4% above the national average.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date.

Nursing staff implemented long-term condition clinics flexibly, to offer appropriate patient centred reviews to patients attending the practice and in their own homes if housebound. This minimised the number of times patients had to attend the practice, with appointment times given convenient for the patient with appropriate clinicians, and ensured those who could not attend the surgery were still given appropriate access to reviews.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years. Some of which were completed two cycle audits. A number of reviews and mini audits had also taken place.
- Many of the audits related to use of medicines for which monthly prescribing meetings took place.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, action was taken as a result of reviewing the number of patients admitted to hospital with Chronic Obstructive Pulmonary Disease (COPD), which was higher than other practices in the area. An updated COPD clinical protocol was implemented that addressed where the practice could make a difference to improve this and reduce avoidable admissions.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a GP buddy system in place. GPs were able to log in from home to check on patients' results and relevant correspondence.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis using the Gold Standards Framework, where people with long term conditions, at risk of admission and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date.

There was a chronic disease nurse in post who was the diabetic lead who carried out twice weekly nurse led clinics.

The practice employed a dedicated mental health care worker and also had three in house counsellors.

The district nursing service was based within the practices' building which made communication between practice staff and the district nurses much easier.

One of the GPs provided a weekly family planning clinic. Ante natal care was also provided onsite with a midwifery service being available three times per week.

The practice was also part of the Vulnerable Adults Wrap Around Service. This was a service provided to vulnerable patients living in residential units, housebound or at high risk of admission were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses as part of the local Federation.

The practice were integral members of a steering group to make Bishop Auckland a Dementia Friendly Town.

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.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 100%, which was 0.5% above the local CCG average and 2.4% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.5% to 100% and for five year olds from 94.6% 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, which had been offered by the practice for over five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients we spoke to on the day of our inspection and all of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95.5% said the GP was good at listening to them compared to the local CCG average of 90.8% and national average of 88.6%
- 88.9% said the GP gave them enough time compared to the local CCG average 90.4%, national average 86.6%.
- 98.1% said they had confidence and trust in the last GP they saw compared to the local CCG average 96.4%, national average 95.2%.

- 86.5% said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average 88.3%, national average 90.4%.
- 96.1% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average 94.1%, national average 85.1%.
- 95.3% said they found the receptionists at the practice helpful compared to the CCG average 90.7%, national average 86.8%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national averages. For example:

- 93.3% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 89.1% and national average of 86.0%.
- 88.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 85.8%, national average 81.4%.
- 94.8% said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average 89.8%, national average 84.8%.

Child and adult asthma management plans had been introduced along with a personal action plan. Diabetic management plans had also been introduced.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment



Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

We found several examples that demonstrated the practice to be very caring. One example included a member of the reception team giving an elderly person a lift to the surgery

whenever the weather was bad because they would not have managed on their own. Other examples included a GP giving patients lifts home if they were leaving at the same time. A further example included a patient who could not afford to buy their family Christmas presents. A number of staff brought presents for this patient to give to their family. A member of staff collected hearing aid batteries from the local hospital and delivered them to patients who were housebound. We saw that support was offered to patients who were unable to read or write and staff supported them to complete relevant documentation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had recognised the needs of different patient groups in planning its services. We were told that the practice worked well with the CCG and also with the local federation.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Accessibility was good for all patient groups which included patients from the travelling communities and also those with no fixed abode.
- Patients who have had a splenectomy (absent or dysfunctional spleen) were invited in for an annual review to check their vaccination status and antibiotic compliance as they were at greater risk of infection.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Appointments were available from 8.00am to 5.30pm daily. Extended surgery hours were offered on Saturdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. If patients saw a GP or Nurse and they requested a blood test this was done the same day so they didn't have to make a return journey.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84.4% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81% and national average of 74.9%.
- 78.7% of patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73.3%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

A health visitor drop in clinic took place every Friday morning. There was also a podiatry clinic running all day every Monday and Friday. A diabetic podiatry clinic was also available every Wednesday morning. A dietician also visited twice per month. There was also links with the local hospital for retinal screening.

Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and found that whilst these had been dealt with there was the need for more robust practice. We found that the practice was not always following its own procedure in terms of acknowledgements and timescales. Also within some correspondence to complainants there was no reference to the Ombudsman should patients remain unhappy with the outcome.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff we spoke with told us of the importance of delivering holistic person centred care to their patient population.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve. The practice reviewed its QOF activity regularly to plan areas where they needed to target resources.
- The practice used data from various sources, including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines.

We saw there were very good systems in place for the day to day management and operation of the service.

Leadership and culture

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

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. Staff felt confident in raising concerns or feedback.

Staff had individual objectives via their appraisal. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management. Staff spoke of the excellent teamwork and communication that existed within the practice.

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. We saw evidence of this and reviewed minutes of meetings.

Are services well-led?

Good 

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

- 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 there were high expectations but they felt extremely respected, valued and supported. 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.
- Staff said the team worked to a common agenda and that leadership from the practice manager and GPs was visible and unified.
- Staff said that one of the strengths of the service was the level of support and openness across the practice.
- We observed a team who worked extremely well together. Everyone we met was committed to high standards of professional practice. This included working with one another to make effective use of every resource for delivering organised and co-ordinated services to meet current patients' needs. They took every opportunity for learning from current experience and used it towards developing better care provision for the future.

It was very clear from our observations and speaking to staff that there was a very cohesive staff team. Team work was an underlying principle within the practice. Numerous team events took place outside of the practice and included go-karting, outward bound trips, charity swimathon, and regular meals out.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was an active Patient Participation Group (PPG) which had been running for 15 years and met four times per year. The practice had gathered feedback from patients through the well-established PPG and through surveys and complaints received. The PPG had submitted proposals for improvements to the practice management team. For example, obtaining higher chairs for patients with mobility problems. Plans were also underway to renovate the reception area making it a more patient friendly area and making it more accessible to wheelchair users.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice produced a newsletter which gave patients information about appointments, changes to staffing and the clinics that are run. It also informed patients that the practice wanted feedback from patients via their friends and family test to help them improve their service.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.