

The Weardale Practice

Quality Report

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2016

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 The Weardale Practice on 22 August and 2 September 2016. Both of the branch surgeries were also visited.

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. The practice proactively identified opportunities for learning in all interactions with patients and service providers.
- Risks to patients were assessed and well managed based on national best practice guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a consistent focus on continuity of care through named GPs for families and adherence to Royal College of General Practitioner guidance for older people. Urgent appointments were available the same day and patients whose condition meant they were unlikely to adhere to booked appointments were seen opportunistically.
- 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.

Summary of findings

We saw areas of outstanding practice:

- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs. There were 832 journeys had been made for various appointments in the past 12 months which saved home visits and also provided care for patients nearer to home.
- The continuous improvement work that specific GP's were involved in, which benefitted both their patients and the wider community. For example, to address the increasing rates of pre-diabetes in the local population as well as the risks of social isolation, the practice worked the Durham Dales Health Federation to help support an integrated diabetes service.

- The senior team had a demonstrable commitment to staff wellbeing and welfare. For example, they arranged team 'away days' that also included the family members of staff.

The area where the provider should make improvements was;

Ensure the choice of medicines for emergency use are in line with national guidance and embed processes to ensure they are checked for their fitness to use.






Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for this population group.

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.
- Clinical staff conducted proactive and opportunistic screening for dementia and cardiovascular disease.
- The practice participated in the unplanned admissions enhanced service. This meant the most vulnerable 2% of patients were monitored to ensure care and treatment was delivered in a way that reduced the risk they would be admitted to hospital. The practice has employed their own care co-ordinator to provide this service specifically for their patients, working to help avoid admissions and to support them after discharge.
- The practice was part of the Vulnerable Adults Wrap Around Service (VAWAS). This was a service provided to vulnerable patients living in nursing or care homes, 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.
- There is also a lead GP who regularly visits local care homes where patients have comprehensive care plans and they are available to provide informal advice.
- Practice staff worked with multidisciplinary teams to ensure end of life care plans were appropriate and met the needs of each individual.
- The practice worked closely with a local voluntary driving service to enable less mobile patients to attend a variety of appointment, both at the practice and other health provision.

The practice provided medical cover to the local community hospital. A GP partner was available for five sessions per week at the hospital, with them also being available 8am to 6pm Monday to Friday.

People with long term conditions

The practice is rated as good for this population group.

Good



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Each long term condition had a lead GP who had the required knowledge and skill. For example, one of the GP led up on diabetes. They had completed the Warwick diabetes course. One of the practice nurses had been trained as has diabetes as their lead responsibility.
- The practice works closely with the specialist nurse and local diabetologist, initiated insulin and have adopted the new diabetes pathway.
- Longer appointments and home visits were available when needed.
- Patients with chronic obstructive pulmonary disease, diabetes, asthma or heart failure had 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.
- The practice responded to an increase in lifestyle-related diabetes in the local population by increasing the number of appointments available with a nurse who could managed oral medicines and insulin.

Families, children and young people

The practice is rated as good for this population group.

- 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.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including a private breast-feeding room.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had achieved Young Carers Charter Status, which meant young people who acted as carers were offered structured support and access to appointments in the practice.

Good



Working age people (including those recently retired and students)

The practice is rated as good for this population group.

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example,.
- 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.
- During flu season the practice offered Saturday morning clinics and walk-in appointments.
- Health trainers, counselling, physiotherapy and drug and alcohol advice services were available on-site.

People whose circumstances may make them vulnerable

The practice is rated as good for this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments or home visits, annual reviews, flu vaccines and health action plans for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for this population group.

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group average of 83% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Clinical staff could refer patients directly to talking therapies services and in-house cognitive behaviour therapy and bereavement services were available.
- Clinical staff were able to conduct depression assessments and followed up accordingly.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia and there were care plans in place.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Support group information was available within the practice and on the practice website.
- 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 and the practice was working towards 'Dementia Friendly' status.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above the local and national averages. 235 survey forms were distributed and 143 were returned. This represented 2% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 79% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.

- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards and 20 patient questionnaires, which were all positive about the standard of care received.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure the choice of medicines for emergency use are in line with national guidance and embed processes to ensure they are checked for their fitness to use.

Outstanding practice

- The practice worked closely with a local voluntary driving service to enable their less mobile patients to attend the practice to see the practice nurses and /or GPs. There were 832 journeys had been made for various appointments in the past 12 months which saved home visits and also provided care for patients nearer to home. The was co-ordinated by a member of the practices PPG.
- The continuous improvement work that specific GP's were involved in, which benefitted both their

patients and the wider community. For example, to address the increasing rates of pre-diabetes in the local population as well as the risks of social isolation, the practice worked the Durham Dales Health Federation to help support an integrated diabetes service.

- The senior team had a demonstrable commitment to staff wellbeing and welfare. For example, they arranged team 'away days' that also included the family members of staff.

The Weardale Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a pharmacy inspector.

Background to The Weardale Practice

The Weardale Practice, Stanhope Health Centre, Dales Street, Stanhope, County Durham, DL13 2XD, is a purpose built premise. It is located close to the centre of Stanhope where there are a range of local amenities. They also operate two branch surgeries; St John's Chapel Surgery, Hood Street, St Johns Chapel, DL13 1QW, which was purpose built and Wolsingham Surgery, Market Place, Wolsingham, DL13 3AB, which is a converted property. The St John's Chapel Surgery and Wolsingham Surgery were owned by the practice, whilst Stanhope Health Centre was owned by NHS Properties Services.

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

The practice has a clinical team of a five GP partners and one salaried GP, three male and three female. There is a lead nurse, three practice nurses and three healthcare assistants and a phlebotomist. The practice has a clinical team of a five GP partners and one salaried GP, three male

and three female. There is a lead nurse, three practice nurses and three healthcare assistants and a phlebotomist. The Practice is led by a Practice Business Manager with support from an Assistant Practice Manager and Assistant Business Manager. They are supported by a range of administration and reception staff. This is a teaching practice who take medical students

There are also two branch practices, each of which has a branch manager who are supported by an admin team and in one of the branches by dispensing staff.

The practice provides services under a General Medical Services (GMS) contract with the NHS Durham, Dales, Easington and Sedgefield CCG. The practice services a patient list of 7203, 2.5% of which are registered carers.

The practice is readily accessible for people who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available. and there are quiet waiting facilities for patients who find the main waiting area to cause anxiety. Private space is available for breast-feeding.

At main practice at Stanhope Health Centre, appointments are from 8 am to 7.30 pm on Mondays and from 8 am to 6 pm Tuesdays to Fridays. At St John's Chapel Surgery appointments are available between 8.30 am and 12.30 pm Mondays, Wednesdays and Fridays and 1.30 pm to 6 pm Tuesdays and Thursdays. At Wolsingham Surgery appointments are from 8.30 am to 12.15 pm and 1.30 pm to 6 pm on Mondays; 8.30 am to 12.15 pm Tuesdays to Thursday and 1.30 pm to 6 pm on Fridays.

The practice, along with all other practices in the Durham, Darlington, Easington and Sedgefield CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team. The practice has opted out of providing out of hours services (OOHs) for their

Detailed findings

patients. When the practice is closed patients use the NHS 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.

Why we carried out this inspection

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

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).

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 25 August 2016 and 2 September 2016.

During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse and a health care assistant. We also spoke with the practice manager and members of the receptionist/administration and secretarial staff and the practice pharmacist
- Spoke with four members of the patient participation group (PPG).
- Reviewed 47 comment cards where patients shared their views and experiences of the service. We also reviewed 20 patient questionnaires that had been distributed during the inspection.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 recorded incidents and significant events using the practice's electronic system, which were reviewed and investigated by the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This was a system that fed intelligence to the local CCG to obtain a wider view of clinical intelligence across CCG boundaries allowing for trends to be identified and lessons learned to be shared across the region to support the establishment of new levels of best practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. An example included a patient who had not had their medication reviewed for eight months. The practice had put into place a system whereby a monthly audit is completed on all outstanding medication reviews.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and all other clinical staff were trained to child safeguarding level 3 or level two, depending on their role. All non-clinical staff were trained to child and adult safeguarding level one.

- The management and clinical governance structures included provision for reviewing safeguarding and child protection. This occurred through weekly clinical meetings and eight weekly multidisciplinary meetings.
- 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 (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP has responsibility for infection control and they were supported by a practice nurse who was the infection control clinical lead and liaised with local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Infection control audits and checks were undertaken.
- 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 DBS.

Medicines Management

The practice had standard operating procedures (these are written instructions about how to safely dispense medicines) that were readily accessible and covered all aspects of the dispensing process.

Are services safe?

Processes were in place to check medicines were within their expiry date using their dispensary computer system and this was carried out on a monthly basis. All medicines which were checked in the dispensary were within their expiry date.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.

The practice was signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients of their dispensary and there was a named lead GP for medicines management. We were shown the incident/near miss record (a record of dispensing errors that have been identified before medicines have left the dispensary) which showed some examples of how errors had been looked at and changes made. There was a process in place to review errors and we were told these were discussed informally within the dispensary team.

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

There was a robust system in place for the monitoring of high risk medicines which included the dispensing staff being restricted from generating some prescriptions without the GP authorising this.

We checked medicines stored in the medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff.

Prescription pads were stored securely however there was not a robust system in place to adequately track where prescriptions were located. The practice was informed of this on the day of inspection and following a return visit later that week we found the practice had rectified this issue and were now following national guidance. The

practice should monitor this new process to ensure it becomes embedded in practice. Patient group direction had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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, including an up to date health and safety policy. The practice had up to date fire risk assessments and carried out regular fire drills. A trained fire warden was available at all times the building was open to the public. Fire wardens completed regular safety checks on fire equipment and evacuation routes.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 enough staff were on duty.
- The main practice premise is owned and maintained by NHS Property Service. On the day of the inspection not all the required certification was available on site. This included evidence that relevant legionella risks had been assessed and necessary checks in place. The practice manager was going to contact NHS Property services to obtain copies of the servicing documentation and after discussion was looking to develop a schedule detailing NHS Property services responsibilities and the practices responsibilities.

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 and panic alarms at reception.
- All staff received basic life support and cardiopulmonary resuscitation (CPR) training and for relevant staff anaphylaxis training.

Are services safe?

- The practice had a defibrillator available on the premises, and oxygen with adult and children's masks. Emergency medicines were available but these should be risk assessed in line with national guidance and should easily accessible to clinical staff. All the medicines we checked were in date and fit for use.
- 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 stored securely.

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. This had been put to the test on several occasions due to occasional power cuts within the Weardale area. Staff were well practiced in dealing with this and there was a co-ordinated approach with the branch practices.

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 patients' needs. We saw that relevant topics were discussed at the practices monthly time in events.
- 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 were 100% of the total number of points available. Exception reporting was 5%; this was 3% below the local CCG average and 5% below the England average. 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 April 2014 to March 2015 showed:

- Performance for diabetes related indicators was better than the local CCG average and England average for all five indicators. For example, 90% of patients with diabetes had a food examination recorded in the last 12 months. This was 3% higher than the local CCG average of and 2% higher than England average.
- 88% of patients with diabetes had an acceptably low cholesterol level recorded in the previous 12 months, compared to the local CCG average of 83% and the national average of 81%.

- Performance for mental health related indicators was comparable to than the national average in all three indicators. For example, 91% of patients with schizophrenia, bipolar affective disorders and other psychoses had their alcohol consumption recorded in the previous 12 months, compared to the local CCG average of 90% and the national average of 90%.

Clinical audits demonstrated quality improvement.

- We saw the practice had completed a range of audits and reviews, 12 since February 2016. We looked at a sample of audits that had been completed. These included an audit of all newly diagnosed cancer patients as part of the practice Cancer Improvement Plan. Following the audit a range of processes had been implemented. These included, all newly diagnosed patients with chronic obstructive pulmonary disease were sent for a chest X-ray and more use of in house dermoscopy skills.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Specific inductions were in place for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Each long term condition had a lead GP, who had the required knowledge and skill in these areas, for example in relation to diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had taken steps to review their appraisal system and had developed and implemented a comprehensive appraisal that also included reviewing the competencies of different staff groups.

- All staff were provided with protected learning time on a monthly basis.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and were offered courses proactively based on feedback.
- The senior team proactively invested in the development of existing staff with continuing professional development that we saw benefited the practice and its patients. For example, there were clear systems in place for succession planning.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- Staff within the practice demonstrated a proactive approach to collaborative working. For example, a time-out event.

- A range of multi-disciplinary team meeting had taken place. These included bimonthly palliative care meeting and vulnerable adults meetings.
- The practice was a 'You're Welcome' (making health service for younger people friendlier) accredited service and engaged regularly with school nurses and Children and Adolescence Mental Health Service.
- The practice used the services of a Federation funded Community Psychiatric Nursing team, who provided assessment and support for complex mental health patients who do not meet criteria for referral to local Community Mental Health Trust.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- Smoking cessation and drug and alcohol liaison services were readily available.
- The patient participation group PPG raised concerns when the 'exercise on prescription' Service was decommissioned. Funding was obtained from the Area Action Partnership and a 'Wellbeing for Life' service was developed and implemented via one of the practices nurses.

Are services effective?

(for example, treatment is effective)

- There were different themed display boards which contained a wide range of information for patients. For example, there was one board that detailed exercise and fitness.
- There was copious information in relation to a range of support services available to patients within their locality and about support to lead healthy lifestyles. This included information such as, 'Change 4 Life' (Government initiative that aims to improve diet and fitness levels amongst the UK population), keep fit and Pilates classes, information about young carers and alcohol support.

The practice's uptake for the cervical screening programme was 91%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The nurse manager took over the recall system for cervical screening. They reviewed the practice's processes and made a number of changes. These included providing more flexible appointment times for patients to attend and a personal call from a nurse when the first letter was sent out. As a result, the uptake of cervical smears rose from 240 in 2015 to 375 between January and August 2016.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100%, compared to a CCG average of 97% to 99%. For five year olds these ranged from 96% to 100%, compared to the CCG average of 95% to 99%. The practice co-ordinates babies 6-8 week checks to coincide with their first immunisation. This reduced the need for a return visit.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 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.

All of the 47 patient Care Quality Commission comment cards and 20 patient questionnaires we received were positive about the caring attitude of staff they experienced. Patients said they felt staff were compassionate and kind and always gave them enough time to talk.

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language.
- Information leaflets were available that met the needs of the local population and an information audit had resulted in an improved design and style of materials published in-house.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer and there was a well-established support process. Written information was available to direct carers

to the various avenues of support available to them in the community and the practice proactively offered annual health checks who acted as carers were offered structured support and access to appointments in the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

We saw that they also worked out projects with other health and social care providers to look at improving outcomes for patients living in the Durham and Dales locality. One project included looking at the needs of the patient population due to local budgetary constraints and the impact on services for patients. Specifically in relation to patients who were at risk of social isolation, vulnerable patients and those at risk of developing long term conditions. As such the practice had sourced funding to help address and promote health and wellbeing of patients within the area.

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- The practice was part of the vulnerable adults VAWAS nurse conducted visits to local nursing and residential homes and with the most vulnerable 2% of the practice. This was funded by the local GP Federation.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.

- The practice was fully accessible by patients who used wheelchairs
- Cognitive behaviour therapy, bereavement counselling and depression screening were offered on site and clinical staff could refer patients directly to talking therapies services.
- Raised chairs and wider chairs were available within the waiting area.
- A specialist diabetic nurse was available on-site fortnightly.
- The business/practice manager and reception team worked to reduce the number of patients who did not attend booked appointments by encouraging everyone registered with the practice to use the mobile phone patient access service. This enabled the practice to send text messages to patients to remind them to use appointments or cancel them if they were no longer needed.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages. This reflected the feedback we received on the day. For example;

- 91% described the overall experience of their GP surgery as good compared to the CCG average of 87% and the England average of 85%.
- 92% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 82% and England average of 78 %.

Access to the service

At main practice at Stanhope Health Centre, appointments are from 8 am to 7.30 pm on Mondays and from 8 am to 6 pm Tuesdays to Fridays. At St John's Chapel Surgery appointments are available between 8.30 am and 12.30 pm Mondays, Wednesdays and Fridays and 1.30 pm to 6 pm Tuesdays and Thursdays. At Wolsingham Surgery appointments are from 8.30 am to 12.15 pm and 1.30 pm to 6 pm on Mondays; 8.30 am to 12.15 pm Tuesdays to Thursday and 1.30 pm to 6 pm on Fridays.

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

Are services responsive to people's needs?

(for example, to feedback?)

Information about the opening times was available on the practice's website and detailed in the patient information leaflet.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

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, including in the practice and on the website.

Between March 2015 and April 2016, the practice received 15 formal complaints. In each case the practice manager contacted the patient or relative concerned to establish the facts and offered the opportunity to meet in person. Each complaint was investigated appropriately and lessons were learned where possible.

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 clear vision statement which was displayed in the waiting areas and staff knew and understood the values. It stated its vision “To be an innovative practice working together to maximise the health and well-being of individual and our community”.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The service was a Dementia Friendly status.
- One of the GP partners along with the PPG were reviewing patient correspondence with a view to improving the clarity and to ensure the information was accessible to all.
- The practice had a clear strategy in place for succession planning.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the 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.
- A range of meeting took place, which were comprehensive and well minuted.

Leadership and culture

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

Senior staff demonstrated a continual commitment to the cohesion and wellbeing of their teams. This included actively promoting a positive work-life balance, team building days and charity work. They also provided staff with a range of employee services as benefits, including flexible working and a Christmas shopping day. All of the staff we spoke with were positive about this and said it had helped them to work together as a team and improved their feelings of working for the practice.

There were good systems in place for support and decision making. As well as a lead GP there was also an executive GP who was the ‘go to’ person for direct support for the business/practice manager.

Senior staff had completed leadership training. This supported the restructuring of the practice that had taken place and developing an effective team structure. This included the employment of a nurse practitioner one day per week.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 attended regular team meetings based on their roles as well as whole-practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met monthly and submitted proposals for improvements to the practice management team. We met with four members of the PPG, who were very positive and enthusiastic about their roles. They described the relation with the practice as 'two way and very open'. They said they were always looking at ways of improving things for patients. They gave examples of where they had influenced changes; these included the rewording of the patient survey and a review of the notices and notice boards to make them more accessible.
- Guest speakers regularly attended PPG meetings to ensure members understand local health processes, policies and organisations.
- The practice had acted on feedback received from the Friends and Family Test that people felt it could be difficult to get through to the practice by telephone. For example, the practice had reviewed the staffing and skill mix, which was addressing this issue.

- The practice had gathered feedback from staff through meetings, appraisals and professional development activities.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said they felt involved and engaged to improve how the practice was run.
- The practice had regular involvement with the local community and had regular items published in the local gazette.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and research to improve outcomes for patients in the area. They are active members of the Durham Dales Health Federation, with the practice's business manager being the managing director.

Examples of projects included the following. The practice was leading a programme in partnership with Durham County Council and Durham Dales Health Ltd to improve the general health of patients in the area. The main focus being that of social isolation, vulnerable patients and patients who might be at risk of developing long term conditions. The practice had obtained funding to promote and implement systems for the health and wellbeing of patients.

The practice had also implanted a pilot project to have an on-call GP available to care home staff seven days per week. This supported the practice to care for patients in their preferred setting and had contributed to the low emergency admission rates.

The practice did further work with the Durham Dales Health Federation by supplying one of the GP's to act as the locality clinical advisor in diabetes.