# Dunelm Medical Practice

## Quality Report

Bearpark Surgery
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Durham
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Website: www.dunelmmedicalpractice.co.uk

Date of inspection visit: 14 September 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 Dunelm Medical Practice on 14 September 2016. 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were several areas of outstanding practice:

- The practice worked with many organisations to increase quality and reduce inequalities. This included working with the Royal National Institute of Blind People (RNIB) to convert non confidential information into braille. Such as: health promotion information.

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- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was lower than the CCG average and the national average in 2014-2015. We were provided with evidence of an 80% improvement in this data as a consequence of training a health care assistant in foot examinations. Improving the uptake of the podiatrist appointments at each site by tasking the receptionists to contact patients directly. 116 more diabetic, or pre-diabetic patients had had their feet examined from 2015-2016.
- The practice had a 'Health Trainer' attached to the practice to support patients to improve their 'Well-being for life' commissioned by Durham County Council.
- The percentage of women aged 25-64 whose notes record that cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was lower than the CCG average and the national average. We saw evidence of the changes made by the practice to increase this uptake. They had taken advice from Cancer Research and now send their invites on pink paper which had increased their uptake by 11%, from April 2016-August 2016.
- The practice had a 'Pathway to Work' service for patients to access for support to gain employment or to return to employment.
- The practice was involved with a national humanitarian project working with the local authority to provide suitable clinics and screening for this vulnerable group of patients.

**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

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower 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.

# Summary of findings

- We saw staff treated patients with kindness and respect, and tried to maintain patient and information confidentiality. We found the reception area lacked privacy because of the openness of the reception and waiting areas at Bearpark Surgery.

**Are services responsive to people's needs?**

Good

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 (CCG) to secure improvements to services where these were identified. Such as: 'Near patient management' of patients who had shared care (with hospital consultants) of their Rheumatoid Arthritis.
- Some patients said they found it easy to make an appointment and there was continuity of care. Although other patients said this could be difficult. We saw evidence of continuous appointment audits to determine if timings of some long term conditions were still correct. A Nurse Practitioner had been employed to alleviate the problems with continuity of care. We saw evidence of the practice's response to this problem. They had provided patient information leaflets describing who was the most appropriate health professional to see for certain conditions.
- Urgent appointments were available every 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.

**Are services well-led?**

Good

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# 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 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients 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 had introduced a number of initiatives to improve the care of older patients. They had identified an increasing number of older people and organised care to better meet their needs. This included early memory loss reviews and avoiding unplanned admissions .

Specific practice protocols were in place, developed by the practice pharmacist, to assist GPs when weekly medications were issued when using the Electronic Prescribing System.

### People with long term conditions

Good

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

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients had their own individualised care plansand review appointments were available during the week and on Saturdays for patient flexibility. Non-attenders were re-invited as appointments were sent weekly and reviewed.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the CCG average of 81% and the national average of 77%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 73% which was lower than the CCG average of 87% and the national average of 88%. However, we were shown evidence of an 80% improvement in this data as a consequence of training a health care assistant in foot examinations. Improving the uptake of the podiatrist appointments at each site by tasking the receptionists to contact patients directly. 116 more diabetic, or pre-diabetic patients had had their feet examined from 2015-2016.

# Summary of findings

- Patient specific longer appointments were identified with a 'pop up screen' for receptionists to assure the correct appointment time was allocated.
- The practice now had a 'Health Trainer' attached to the practice to support patients to improve their 'Well-being for life' commissioned by Durham County Council.
- Home visits were available when needed.
- All of these patients 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.

**Families, children and young people**

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80% which was lower than the CCG average of 83% and the national average of 81%. We saw evidence of the changes made by the practice to increase this uptake. They had taken advice from Cancer Research and now send their invites on pink paper which had increased their uptake by 11%, from April 2016-August 2016.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children who were unwell could be seen at the end of morning and afternoon surgeries.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good

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

# Summary of findings

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

**People whose circumstances may make them vulnerable**

**Outstanding** 

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had strong links with the local refuge and had a bespoke way for registering these patients who may not be in the area for long.
- The practice was involved with a national humanitarian project working with the local authority to provide suitable clinics and screening for this vulnerable group.
- The practice had a register of all patients who did not have English as their first language; many of these patients were supported by interpreters.
- The practice was registered with the police as a 'Safe Place' for people who were in vulnerable circumstances.
- 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 in normal working hours and out of hours.
- The practice had a 'Pathway to Work' service for patients to access for support to gain employment or to return to employment.
- The practice worked with many organisations to increase quality and reduce inequalities. This included working with the Royal National Institute of Blind People (RNIB) to convert non confidential information into braille. Such as: health promotion information.

# Summary of findings

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

Good

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

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice had an up to date register with patients who had been diagnosed with dementia. They used the CCG Dementia Quality Toolkit to identify patients.
- Dementia Friends had recently held an education session to increase awareness of clinical and administration staff.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was higher than the CCG and national averages of 90%.
- The practice held a register of patients who had a diagnosis of mental health problems. They were invited for an annual review and non-attenders were followed up.
- Staff had a good understanding of how to support patients with mental health needs. They had completed training in Mental Health First Aid which provided them with confidence and competence to cope with crisis situations.
- Receptionists had been trained to offer appointments at quieter times for this group of patients.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. When appropriate direct referrals were made to the mental health team.
- There was an in house counselling service for patients over the age of 18.
- The practice had systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing mainly lower than local and national averages. 261 survey forms were distributed and 110 were returned. This represented less than 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of the Clinical Commissioning Group (CCG) of 74% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average (CCG) of 87% and the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the local average (CCG) of 89% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average (CCG) of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. The overriding theme was that they were listened to by all members of the team. Six patients although complimentary about the care they received said they found it difficult to make an appointment with the same GP. One patient would like evening appointments and wanted information in the surgery about the Out of hours Service; we fed this information back to the practice. In addition 18 patients on the day of the inspection completed patient questionnaires. They wrote positively about the care and treatment they received and thought all staff were approachable, committed and caring.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought the whole team had a patient centred approach at all times. The most recent Friends and Family Test (August 2016) stated that 86% of their patients would recommend them. We only visited the Bearpark Surgery on the day of the inspection.

## Outstanding practice

There were several areas of outstanding practice:

- The practice worked with many organisations to increase quality and reduce inequalities. This included working with the Royal National Institute of Blind People (RNIB) to convert non confidential information into braille. Such as: health promotion information.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was lower than the CCG average and the national average in 2014-2015. We were provided with evidence of an 80% improvement in this data as a consequence of training a health care assistant in foot examinations. Improving the uptake of the podiatrist appointments at each site by tasking the receptionists to contact patients directly. 116 more diabetic, or pre-diabetic patients had had their feet examined from 2015-2016.
- The practice had a 'Health Trainer' attached to the practice to support patients to improve their 'Well-being for life' commissioned by Durham County Council.
- The percentage of women aged 25-64 whose notes record that cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was lower than the CCG average and the national average. We saw evidence of the changes

made by the practice to increase this uptake. They had taken advice from Cancer Research and now send their invites on pink paper which had increased their uptake by 11%, from April 2016-August 2016.

- The practice had a 'Pathway to Work' service for patients to access for support to gain employment or to return to employment.
- The practice was involved with a national humanitarian project working with the local authority to provide suitable clinics and screening for this vulnerable group of patients.

# Dunelm Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a Practice Nurse specialist adviser.

## Background to Dunelm Medical Practice

Dunelm Medical Practice provides General Medical Services to its practice population of 12,219 patients. They are also contracted to provide other enhanced services for example: minor surgery, extended hours access and actively reducing unplanned admissions to accident and emergency. The practice population lives in one of the least deprived areas in England according to the National Census Data in 2011.

The practice has three surgeries one in Durham City Centre at Gilesgate and two on the outskirts of Durham City at Bearpark and Framwellgate. There are car parks at all surgeries and car parking is available for patients who may have mobility restrictions. There is access and accessible toilets. There is a hearing loop for patients who have difficulties with their hearing. We only visited the Bearpark surgery on the day of the inspection.

There are eight GP partners (male and female). There is one nurse practitioner, three practice nurses and three healthcare assistants, all female. There is a business manager, two practice development managers who job share, an IT manager and two office managers who are supported by senior administrators and reception and administration staff. This is a training practice where qualified doctors are trained to become GPs.

The surgeries are open at the following times:

**Bearpark: 8.30-6pm Monday - Friday.**

**Gilesgate: 8.45-6pm Monday - Friday.**

**Framwellgate: 8.45-6pm Monday to Friday and on Saturday from 8am-1pm.**

Patients can make appointments on-line, via the telephone and in person. Pre-bookable appointments are bookable up to four weeks in advance. There are allocated on the day appointments and there is same day urgent access with an on-call duty GP at each surgery. In addition patients can book a telephone consultation after morning surgery; for specific issues which are detailed on the practice website and in the practice leaflet. There is Saturday morning surgery each Saturday at Framwellgate with 15 prebookable appointments and five walk in. Each week a GP is in attendance and alternate weeks there is a practice nurse available. The practice uses SMS text message alerts for those patients who have signed an agreement. Not only do they remind patients of their appointments but they also send details of when the practice will be closed for extended periods such as Christmas so that patients can request their prescriptions in a timely manner. When the practice is closed patients are directed to NHS 111 who provides the Out of Hours service.

## 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

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 14 September 2016. During our visit we:

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

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

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

Good

# Are services safe?

## Our findings

**Safe track record and learning**

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 carried out a thorough analysis of the significant events. However, we found they did not undertake an annual review of these events; to search for themes and further learning as a result of their findings. We were told the practice would with immediate effect.

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. For example: as a result of a safety alert there was now only one salbutamol inhaler ( for asthma patients) authorised at a time to prevent overuse.

**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 were trained to child protection or child safeguarding level 3. The practice nurses were trained to level 3.
- A notice in the waiting room and above the couches in each 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and the nurse manager were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of their practice pharmacist and the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found that 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.

**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 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 defibrillators available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice assessed needs, planned and delivered care and treatment to patients holistically. These were in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example: the latest NICE guidance for patients who had been identified as pre-diabetic and at risk of becoming type 2 diabetic was being followed. We were given examples of the information leaflet which was easy to read and informed patients of what they could do to reduce their risks. We saw the flow chart which had been developed to ensure a consistent approach across all three surgeries. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

All staff were engaged in the performance ethos of the practice and understood their roles and how they impacted on performance. Staff worked collaboratively to achieve goals and to provide coordinated care for patients with complex needs.

- Staff demonstrated that they had a thorough understanding of the physical and psychological needs assessment in patients with long-term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). They had robust programmes of care, to help enable patients to participate in self-care and meet their goals.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 74% compared to the CCG average of 78% and the national average of 75%.
- Feedback from patients confirmed they felt that their long term condition care provided was of a high standard and this was supported by the high QOF performance. For example the percentage of patients with COPD who had, had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 90% compared to the CCG average of 90% and the national average of 89%.
- The practice had identified GP leads in specialist clinical areas such as: diabetes, heart disease, asthma, and sexual health.

**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 99% of the total number of points available. The exception reporting rates were much lower than the CCG and National averages. 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 2014-2015 showed:

- Performance for diabetes related indicators was better than national average.For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the local Clinical Commissioning Group (CCG) 81% and the national average of 81%.
- Performance for mental health related indicators was comparable to the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the previous 12 months was 90% compared to the local CCG of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. We reviewed two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example: an alcohol audit (AUDIT C questionnaire) was

Good

# Are services effective?

## (for example, treatment is effective)

added to the online service for patients, to complete at their leisure. This had identified 48 patients who would not have been previously. These patients were sent information to support a healthier lifestyle and if necessary to access further support.

Information about patients' outcomes was used to make improvements such as: patients who had been prescribed anti-depressants were now required to have their blood pressure checked every six months. This group of patients had been identified and alerts were added to their patient notes.

**Effective staffing**

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Patients' satisfaction for both nurses and GPs was high.
- Staff had access to and made use of e-learning training modules, in-house training and away day training with protected learning time for all staff each month. 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 supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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.

**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. 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.

**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.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- Written consent was not obtained for minor surgery procedures even though the relevant risks, benefits and possible complications of the procedure were explained. However before we completed the inspection a written consent form had been produced and was implemented with immediate effect.

Good

# Are services effective?

## (for example, treatment is effective)

- The process for seeking consent was currently monitored through patient record audits; the implementation of the written consent was to be monitored to assure all policy changes were being implemented.

**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, those at risk of developing a long-term condition and patients who required advice on their diet, smoking and alcohol cessation and those newly diagnosed with dementia. Patients were signposted to the relevant service.
- The practice now had a 'Health Trainer' attached to the practice to support patients to improve their 'Well-being for life' commissioned by Durham County Council.
- There was an in-house counselling service and GPs with specific training and interests in Mental Health.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 81% and the CCG average of 83%. 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. We saw evidence of the changes made by the practice to increase uptake. They had taken advice from Cancer Research and now send their invites on pink paper which had increased their uptake by 11%, from April 2016-August 2016.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 91% to 97%.

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.

Good

# 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. However, the reception area was exposed and conversations between the receptionists and patients could be overheard at the Bearpark surgery.
- 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 45 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. The overwhelming theme was patients felt they were listened to. We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with four patients on the day of the inspection and received eighteen completed patient questionnaires. They too shared these views of the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was either similar or lower than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 100% of patients said they had confidence and trust in the last nurse they saw and spoke to compared to the CCG average of 99% and the national average of 97%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey was not aligned with the views we were given about patient involvement in planning and making decisions about their care and treatment. Results were mixed when compared to the local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

Good

# Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had identified and read coded these patients; they had in excess of 80 first languages spoken which was not English.
- Information leaflets were available in easy read format.

**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. The practice had identified 156 patients as carers (1% of the practice list). These patients were offered annual influenza injections and were invited for medical assessments when appropriate. Written information was available in the waiting rooms to direct carers to the various avenues of support available to them. This information was also displayed on the practice website.

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 or by giving them advice on how to find a support service.

Good

# 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 offered extended hours on Saturday mornings at Framwellgate.
- There were longer appointments available for patients with a learning disability, or those who had multiple conditions. An alert would 'pop-up' so receptionists knew these patients needed longer appointments and booked the length of time identified in the alert. This prevented patients from having multiple appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation with the duty GP.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services were available.
- The practice worked with many organisations to increase quality and reduce inequalities. This included working with the Royal National Institute of Blind People (RNIB) to convert non confidential information into braille. Such as: health promotion information.
- There was a Pathways to Work service at the practice to help those patients who needed support in this area.

**Access to the service**

The surgeries were open at the following times:

Bearpark Surgery was open Monday to Friday from 8.30 am – 6pm. Gilesgate surgery was open Monday to Friday from 8.45am -6pm. Framwellgate surgery was open Monday to Friday from 8.45-6pm and each Saturday from 8am-1pm.

Patients could make appointments on-line, via the telephone and in person. Pre-bookable appointments were bookable up to four weeks in advance. There were allocated on the day bookings and there was same day urgent access with an on-call duty GP at each surgery. In addition patients could book telephone consultations after morning surgery; for specific issues which were detailed on the practice website and in the practice leaflet. There was Saturday morning surgery each Saturday at Framwellgate with 15 prebookable appointments and five walk in appointments. Each week a GP was in attendance and on alternate weeks there was also a practice nurse available. The practice used SMS text message alerts for those patients who had signed an agreement. Not only did they remind patients of their appointments but they also sent details of when the practice would be closed for extended periods such as Christmas, so that patients could request their prescriptions in a timely manner. When the practice was closed patients were directed to NHS 111 who provided the Out of Hours service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages for opening hours and the same for ease of access via the telephone. However, this feedback was not reflected in the 45 CQC comments cards we received, 18 patient questionnaires given out on the day of the inspection nor from the four patients we spoke with on the day.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

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

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.

This was provided by their duty doctor who triaged all calls. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

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

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- 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. Information was clearly displayed on the practice's website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaint.Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# 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.
- 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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via GP Team Net (GPTN) which had a practice specific area of the CCG local intranet.
- 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.

**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 told us they 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.

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 told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example: refurbishment of all of the surgeries had been identified and this was work completed or still in progress. More appointment availability was another issue and the Nurse Practitioner was employed and the practice had worked hard to signpost patients as to which health professional was the most appropriate for their symptoms. We also saw

# Are services well-led?

Good

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

evidence of patient newsletters with information about how the practice had responded to their views such as 'you said' and 'we did' slides at the top of each newsletter.

- The practice had gathered feedback from staff through annual staff surveys, staff meetings, appraisals and discussion. As a result of feedback from the staff survey more staff had been employed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and piloted local schemes to improve outcomes for their patients. We saw evidence of succession planning and new recruitment and development of existing staff to improve access and outcomes for patients.