

# Park House Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Park House Surgery on 8 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment although not always with their choice of GP. There were urgent and routine appointments available the same day for GPs and Nurses.
- 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.
- Information about services and how to complain was available and easy to understand.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they would always be seen if they needed an appointment. Urgent and routine appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to

Good



# Summary of findings

complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) met with the practice quarterly. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients were seen in multidisciplinary clinics with a podiatrist, nurse and dietician. Data shows above average results for patients with diabetes.

Good



### Families, children and young people

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. We saw good examples of joint working with midwives, health visitors and school nurses. Appointments for children were always available as needed.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the

Good



# Summary of findings

services they 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**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They had carried out annual health checks for people with a learning disability.

The practice held a register of patients living in vulnerable circumstances including a practice population of one to two per cent of patients who were from the travelling community. We were told that this group of patients were always seen if they attended the practice and this was confirmed in feedback from patients. Staff had received training with regard to travellers specific needs.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 87.5% of people with dementia had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 113 responses from a survey of 258 forms which represented a response rate of 43.8%. This equates to slightly more than 3% of the practice list size.

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

- 96% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%
- 92% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 77% and a national average of 75%
- 88% of respondents described their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%

However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 37% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 80% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 87% and a national average of 85%.
- 64.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 73.7% and national average of 65.2%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards and completed three patient questionnaires. All of these were positive about the standard of care received. Patients told us they valued the new premises and found the staff friendly and professional. Patients stated they found it easy to get an appointment. Staff were consistently described as polite, helpful and caring. Patients stated they felt listened to by the GPs and that the practice strove to accommodate them. Patients told us the practice environment was excellent.

# Park House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Park House Surgery

Park House surgery is a purpose built GP premises in Lanchester. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours. The practice is a training and teaching practice and is involved in training medical students, student nurses and General Practitioners. The practice covers the village of Lanchester and has a small number of patients in South Consett and some rural surrounding areas. There are 3902 patients on the practice list and the majority of patients are of white British background. There is a council run traveller's site in the village and 1-2% of the practice population are from the travelling community.

The practice is a partnership with two partners. There are two salaried GPs. There are two Nurse Practitioners, two Practice Nurses, and two Health Care assistants. There is a Practice Manager and reception and administration staff.

The practice is open between 8am and 6pm Mondays to Fridays and has extended hours from 9am until 12.30pm on Saturdays

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services user 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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



# Detailed findings

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England.

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 8 September 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example of this was when a patient was discharged from secondary care without a discharge summary. The practice contacted them to ensure they were prescribed the correct medication and reported the incident via SIRMS to be analysed by the Foundation Trust.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and they had completed level 3 safeguarding training for children. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the
- role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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. A recent infection control audit had highlighted the need for new trolleys in the nurse's rooms and these had been provided. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to help ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who were prescribed antibiotics. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A counsellor, chiroprapist and dietician were available on the premises as the practice made a room available for them.

The practice's uptake for the cervical screening programme was 83.89%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 92.1% to

94.7% and five year olds from 83.3% to 94.4%. Flu vaccination rates for the over 65s were 71.12%, and at risk groups 48.82%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Opportunistic screening was done in order to diagnose diabetes and provide early intervention. The Practice Nurses had devised a Diabetes Risk Score survey and various patient information leaflets. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Diabetic patients were provided with their results prior to review appointments in order to have an informed discussion with their clinician and be included in their own care. Practice nurses had liaised with the local gym to arrange reduced cost gym membership for patients at risk. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to help ensure that they understood, planned and met patient's complex needs. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Practice nurses had adapted care plans to meet patient's individual needs. Patients were given results prior to appointments in order to discuss their care in an informed way and in partnership with the clinician. Practice nurses had developed links with the local gym to enable patients to have a reduction in membership fees.

# Are services effective?

(for example, treatment is effective)

## Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.4% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 – 2014 showed

- Performance for diabetes related indicators was higher than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average
- Performance for mental health related indicators were similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been two clinical audits completed in the last two years. The audits related to antibiotic prescribing and chronic obstructive pulmonary disease treatment. The practice participated in applicable local

audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. An example of this included staff completing eLearning on antibiotic prescribing.

## Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. There was facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Staff received training; this included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. A hearing loop was available for patients with hearing difficulties. We were told that staff were aware of the patients who were visually impaired. There was disabled access in the building. Staff had received training with regard to issues faced by the travelling community for example, literacy problems.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. However, the practice had identified that a room used for counselling services in the upstairs waiting room needed sound proofing and had taken steps to address this by supplying a television. Chaperone information was available in the waiting room. Chaperones were offered to patients and all staff who acted as chaperones had received training. Breastfeeding facilities were available and this information was in the waiting room.

The practice had held consultation meetings with patients and staff during the planning of the new building. This partnership working helped to ensure that the new building would meet the needs of the practice population. The practice had a private room away from the reception area to ensure confidentiality and this was available to patients who wanted to discuss sensitive issues or appeared distressed. The practice also had separate rooms which were available for telephone consultations thus ensuring privacy and confidentiality.

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and facilities and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that if they needed to be seen that day they would be. We also

spoke with four members of the Patient Participation Group (PPG). They told us that they were satisfied with the care provided by the practice and said their privacy and dignity was respected.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 93.8% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

### Care planning and involvement in decisions about care and treatment

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

## Are services caring?

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

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

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

### **Patient and carer support to cope emotionally with care and treatment**

The practice had a carers register and the PPG was working in collaboration with the practice to implement an information pack for carers. We were told that all patients with a cancer diagnosis were contacted by telephone within two weeks by the practice to offer support.

Bereavement support information was available in the waiting room and we were told that bereavement visits or telephone calls were made by the GPs. Information regarding support for patients experiencing mental health issues was available in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. This had led to improved access to services. An example of this was the development of a carer's information package. A member of the PPG told us that if they made suggestions to the practice they would be taken on board and that they had a mutually constructive and well developed relationship.

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

- The telephone triage system was operated by the Nurse Practitioner and GPs and this helped to ensure that all patients were seen in a timely manner and by the appropriate clinician. The system enabled the clinician to extend the appointment time if necessary to meet patient's needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The practice at Lanchester was open between 8am and 6pm on Monday to Friday and 9am to 12.30pm on Saturday. Pre-bookable appointments were available. Same day and urgent appointments were also available each day. Telephone consultations were available each day. The practice had changed the appointment system to a triage system whereby patients ring on the day and are rang back by a Nurse Practitioner or a GP. Patients and the Patient Participation Group representatives told us that they liked this system and would be seen when they needed to be and by the relevant clinician.

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

- 91.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.3% and national average of 75.7%.
- 96.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.1% and national average of 74.4%.
- 87.9% patients described their experience of making an appointment as good compared to the CCG average of 76.5% and national average of 73.8%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found that they had been satisfactorily handled in a timely way. The practice demonstrated openness and transparency in dealing with the complaints.



# 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, accessible 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. Details of the vision and practice values were part of the practice's strategy and business plan.

### Governance arrangements

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

Governance systems in the practice were underpinned by:

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

- The practice had held two team building events and placed great value on future staff development and retention.
- The practice had organised a three day event to gain views and feedback from patients and staff with regard to the planning of the new practice building.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvement to the practice management team. An example of this was that the PPG had provided education to patients with regard to what Nurse Practitioners were able to offer. This helped ensure patients had improved choice and access to the service.

Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture.

### Innovation

The practice team was forward thinking and part of local pilot schemes in collaboration with the CCG to improve outcomes for patients in the area. Examples included the links that had been developed with Durham Community Action by the PPG. This was a charity that worked to provide better opportunities for healthy living. These links helped ensure that patients were kept well informed about local initiatives and courses. The practice had also listened to patients with regard to accessibility and implemented a triage system for appointments.