

# Cedars Medical Group

## Quality Report

Cedar Crescent  
Burnopfield  
Newcastle-upon-Tyne  
Tyne and Wear  
NE16 6HU  
Tel: 01207272272  
Website: [www.cedarsmedicalgroup.co.uk](http://www.cedarsmedicalgroup.co.uk)

Date of inspection visit: 25 August 2015  
Date of publication: 15/10/2015

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to Cedars Medical Group	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cedars Medical Group on 25 August 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.
- Information about services was available and easy to understand.
- Patients said they found it easy to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Non urgent appointments were available for the following week.
- 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 practice had collaborated with the local Comprehensive school and undertaken a survey of all teenagers. As a result of their findings they now have a dedicated noticeboard for young people with information they wanted to access.
- Staff had completed further training regarding adolescents (You're Welcome) and collaborated with the charity Change Makers.
- The practice liaised with a local nursery to arrange visits for pre-school children and the children were encouraged to take part in a colouring competition during the visit. The aim of this was to familiarise them with the practice prior to pre-school immunisations.

# Summary of findings

**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. 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.

### Are services effective?

Good



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.

### Are services caring?

Good



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.

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

Good



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

# Summary of findings

appointment. Urgent appointments were available the same day and routine appointments the following week. 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 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) was active. 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. As part of the Quality Improvement Scheme housebound patients were pro-actively identified and offered home visits by the Health Care Assistant and the GP. This enabled staff to assess for health and social issues and refer on to partner agencies if necessary. The practice also offered patients who were over the age of 75 a home visit or an appointment on discharged from hospital.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions, including patients under the age of 16. 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.

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. The practice had adopted a toolkit to be used with children presenting with injuries – this helped to ensure that a referral to other services was made if necessary. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

Staff had received extra training with regard to meeting the needs of young people and also engaged the support of a charity the Change Makers for advice.

The practice had collaborated with a local school and conducted a survey of teenagers which had resulted in a dedicated teenage notice board in a quiet area of the practice. This gave information relevant to the young people. The practice had also collaborated with a local nursery and organised pre-school visits for children prior to immunisation delivery. The children were encouraged to become familiar with the practice and staff.

We were told that teenagers had dedicated appointments every day after school hours.

## **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). The needs of this group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. An example of this was offering early appointments from 7.30am on two mornings each week. 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**

Good



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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told 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. We were told that vulnerable patients were known to the staff and were always seen by one of the GP partners for continuity of care.

## **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). 95% of

# Summary of findings

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.

# 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 124 responses which represented 2.13% of the practice population. However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 43% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 81% of respondents describe their overall experience of this surgery as good compared with a CCG average of 90% and a national average of 85%
- 86% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 94% and a national average of 92%

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

- 88% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%

- 94% of respondents say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%
- 76% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards and completed eight questionnaires, three of which were at the Stanley branch surgery. All of these were positive about the standard of care received, whilst eight of them also had negative comments including comments regarding the baby clinic waiting times. This reduction in service was due to some recent changes in the organisational structure of the Community Services in the area and had resulted in a reduced health visitor service for the baby clinic. This was outside of the control of the practice. Staff were consistently described as polite, helpful and caring. Patient's stated that they felt listened to by the GPs and that the Practice strove to accommodate them.

## Outstanding practice

# Cedars Medical Group

## 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, an Expert by Experience and a Practice Manager specialist advisor.

## Background to Cedars Medical Group

Cedars Medical Group has a Personal Medical Services contract and also offers enhanced services for example; extended hours. It has a purpose built GP premises in Burnopfield and the branch surgery is part of the Primary Care Centre in Stanley. The practice is a training and teaching practice and is involved in training medical students, career start nurses, youth trainees and apprenticeship and General Practitioners. The practice covers the village of Burnopfield and the town of Stanley. There are plans to close Stanley branch and these are under consultation at present. There are 5797 patients on the practice list and the majority of patients are of white British background.

The practice is a partnership with three partners (all female). There is also a salaried GP. There is a Nurse Practitioner, three Practice Nurses, and a Health Care assistant. All nursing staff are female. There is a Practice Manager and reception and administration staff.

The main practice at Burnopfield is open between 8.30am and 6pm Mondays, Tuesdays and Fridays and has extended hours from 7.30am until 6pm on Wednesdays and Thursdays.

The branch surgery within Stanley Primary Care Centre is open between 8.30am and 6pm Mondays, Tuesdays and Fridays and 8.30am and 12.30pm Wednesdays and Thursdays.

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 under the Care Act 2014.

## How we carried out this inspection

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

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

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

# Detailed findings

- 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)

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 25th August 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. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. 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 was an electronic reporting system which allowed 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. For example communication channels with staff have been improved following organisational changes in the baby clinic.

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. 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. The practice had implemented a toolkit to be completed if a child presented with an injury – this helped to ensure that the

child was referred to the Local Authority if there was a safeguarding issue. This toolkit was a practical working guide and covered best practice guidance, clinical governance and legal aspects of child safeguarding.

- 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 with a poster in the reception office. 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. On the whole we observed the premises to be clean and tidy. Some of the disposable curtains were soiled. This was rectified immediately and an order placed for replacements. A policy was also put in place to change the curtains every 6 months or when visibly soiled. 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. An infection control audit had been undertaken in May 2015. 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

## Are services safe?

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 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 in the treatment room. 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 that the practice met its responsibility within legislation and followed the national guidance.

### Protecting and improving patient health

Patients who were 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 physiotherapist were available weekly on the premises.

The practice's uptake for the cervical screening programme was 94.78%, 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 94.9% to

100% and five year olds from 92.2% to 100%. Flu vaccination rates for the over 65s were 76.07%, and at risk groups 51.89%. 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. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Coordinating patient care

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 were also available.

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. The practice offered an appointment or home visit to patients over 75 within 2 weeks of discharge from secondary care. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

### 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 98.8% 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 similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average

# Are services effective?

(for example, treatment is effective)

- Performance for mental health related and hypertension 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 seven clinical audits completed in the last two years. 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 implementing a more robust system for booking baby immunisations. Audit had highlighted that some baby immunisations had been booked in at six weeks instead of eight weeks.

## **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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Two of the consulting rooms had separate examination rooms ensuring patient privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 34 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients felt that if they needed to be seen that day they would be. We also spoke with three 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.

The practice's computer system alerted GPs if a patient was also a carer. Written information and a noticeboard were available for carers to ensure they understood the various avenues of support available to them.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 87.9% 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 doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 89% 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 on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey 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:

- 88% 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%.
- 79% 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 81%

Staff told us that translation services were available for patients who did not have English as a first language. In addition the practice offered an online translation service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The Quality Improvement Scheme 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.

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;

- There were longer appointments available for people with a learning disability and young people.
- Home visits were available for older patients / patients who would benefit from these.
- Housebound patients were offered annual reviews at home
- Vulnerable patients were seen by a GP partner who knew them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

The practice had a proactive approach to the care of children and young people. They actively promoted the 'You're Welcome' initiative – a Department of Health quality initiative to ensure health services were young people friendly. The GPs attended training and they stated that this was very helpful in giving them an insight into provision of care for this group. Young people were also given access to appointments every afternoon which could be longer in duration if necessary. This had been implemented through the Quality Improvement scheme.

The practice also provided annual reviews for children living with long term conditions and their families/carers. This was with a named GP. Open access was available to this patient group from 4pm each afternoon. We were told that if all of the appointments were booked the GP on call would always see any children as extra patients. This

improved continuity of care for this patient group and potentially reduced unplanned admissions to secondary care. This was to be audited. This had been implemented through the Quality and Improvement scheme.

The practice had surveyed all teenagers in the local comprehensive school. 252 teenagers had responded to the questionnaire, not all were registered at the practice. The results from the survey had resulted in a dedicated noticeboard in a private area in the practice which displayed services offered and how to access them in appropriate formats for young people.

The practice also ran pre-school age children's visits. This approach helped enable the children to become familiar with the practice and staff prior to attending for immunisations. The practice had higher levels of immunisation take up in this group than the CCG average.

### Access to the service

The practice at Burnopfield was open between 8.30am and 6pm on Monday, Tuesday and Friday and 7.30am and 6pm on Wednesday and Thursday. The branch surgery at Stanley was open between 8.30am and 6pm on Monday, Tuesday and Friday and 8.30am and 12.30pm on Wednesday and Thursday. Pre-bookable appointments that could be booked up to 12 weeks in advance with a GP or Nurse Practitioner. Same day and urgent appointments were also available each day. Telephone appointments were also available each day.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

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. Some patients we spoke with were not aware of the process to follow if they wished to make a complaint. We were told that the complaints procedure would be displayed on the noticeboard in both practices.

We looked at seven 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 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 in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.
- A commitment by the practice to deliver excellent service.

### 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.

The practice had a staff noticeboard and staff recognition scheme. A staff survey had been completed recently and this showed increased satisfaction levels with employment (from the survey done in 2013). Staff told us that there was a supportive approach to staff development.

### Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this were the implementation of discharge reviews by GPs to help ensure patients had the correct medication and care provided by the multi-disciplinary team. Home visits were also implemented for all housebound patients and also the use of a trigger tool to assess need in children presenting with injuries.