

Hylton Medical Group

Quality Report

Pallion Health Centre, Hylton Road, Sunderland,
Tyne and Wear, SR4 7XF

Tel: 01915658598

Website: www.hyltonmedicalgroup.nhs.uk

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Hylton Medical Group	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hylton Medical Group on 4 February 2016. Overall the practice is rated as requires improvement. Specifically, we found the practice to be requires improvement for providing effective and well-led services. The practice was rated as good for providing safe, caring and responsive services.

We previously carried out an announced comprehensive inspection of this practice on 21 April 2015. Breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.
- Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

We found at this inspection of February 2016 that improvements had been made since the previous inspection of April 2015 when the practice had been rated as Inadequate and placed in special measures.

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

- The practice had addressed most of the issues identified during the previous inspection and had plans in place or had made progress with a small number of others.
- Risks to patients, such as health and safety, were assessed and well managed.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice could demonstrate they had carried out clinical audits. However, they did not have a planned and structured approach to identifying and carrying out clinical audits.

Summary of findings

- Staff had received most of the training appropriate to their roles. However, it was difficult to assess if they had all received the training appropriate to their role or when refresher training was needed.
- 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.
- Feedback on the ability to make routine appointments easily was mixed from patients. Patients we spoke with did not have difficulty but some of the comments on CQC comment cards indicated patients found it difficult sometimes to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from patients, which they acted on.
- There was a leadership structure in place and staff felt supported by management.
- We saw at this inspection that governance arrangements had improved. There were some governance arrangements which supported the delivery of the action plan and good quality care.

- CQC registration issues in the practice had not been properly addressed for over two years by the management team. We will be writing to the practice separately on this matter.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Carry out regular fire drills.
- Update their recruitment policy to reflect the correct legislative procedures and follow the policy when recruiting members of staff.
- Carry out regular staff appraisals in line with the plans in place and develop a system to ensure that staff receive the correct training appropriate to their role and refresher training.
- Address CQC registration issues.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

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. We found significant events were recorded, investigated and learnt from. There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. Staff who required a Disclosure and Barring Service (DBS) check had received one. There was enough staff to keep patients safe. However, the practice recruitment policy was not comprehensive and this had not been followed when recruiting a new member of staff. There were no regular fire drills carried out in the building.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were below average compared to the locality and national averages. Data taken from the QOF for 2014/15 showed the practice had achieved 85.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the national average of 93.5%.

We saw staff received some training; however, there was no system in place to ensure staff received training appropriate to their role or when refresher training was due. There was evidence of appraisals for staff; although they were now overdue there were plans in place to carry them out. Staff referred to guidance from the National Institute for Health and Care Excellence 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. The practice carried out clinical audit which was linked to the improvement of patient outcomes however there was no structured approach to this. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. 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. However, at our previous inspection in April 2015, data from the National GP Patient Survey of January 2015 showed that patients rated the practice below local and national averages. During this inspection

Good



Summary of findings

we saw that improvements had been made to these scores, although in most cases, they were still below the local and national averages. For example, 77% of patients who responded to the survey in January 2015 said the last GP they saw or spoke with was good at treating them with care and concern compared with 81.8% in the July 2015 survey. The local CCG average was 87.5% and the national average 85.1%

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. There was continuity of care, with urgent appointments available the same day. Feedback on making a routine appointment with a GP was varied. Patients we spoke with on the inspection day said they could make appointments relatively easily, some feedback from CQC comment cards said that appointments were difficult to make. The practice had a system in place for handling complaints and concerns and responded to any complaints.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. There had been improvements made in the governance arrangements, however, there were areas where the practice could improve further. For example, the provider did not have a comprehensive understanding of the performance of the practice, QOF results were below local and national averages. There were some gaps in staff training and no system to ensure staff received the correct training for their role and refresher training. The practice had not ensured their registration with CQC was correct. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients, which it acted on. The practice had an active patient participation group (PPG).

Requires improvement



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 requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The practice was responsive to the needs of older people, including offering home visits and longer appointments. Patients over the age of 75 had a named GP. Prescriptions could be sent to any local pharmacy electronically.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people, which included housebound patients. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission, and those in vulnerable circumstances, had care plans.

However, the practice did not use nationally reported Quality and Outcomes Framework (QOF) data to monitor clinical conditions associated with the population group. For example, in 2014/15 the practice had obtained 89.7% of the points available to them for providing recommended care and treatment for patients with heart failure. This was compared to 97.9% nationally.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The practice maintained registers of patients with long term conditions. The patients were invited into the practice for structured examinations at least yearly. Three invitations would be sent however the practice would often telephone patients to explain how important it was that the patients attended the appointments. Diabetes was an area of special interest for the practice and some diabetic patients who were outside the normal range were cared for by the practice in close consultation with the diabetes consultant at the local hospital.

Nationally reported QOF data showed the practice had achieved good outcomes in relation to the conditions commonly associated

Requires improvement



Summary of findings

with this population group. For example, in 2014/15 the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was compared to 97.4% nationally.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Childhood immunisation rates for the vaccinations given were in line with CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% compared to the CCG averages of 96% to 100%, and five year olds from 90.4% to 100% compared to the CCG average of 91% to 98%. Child immunisation clinics were held on a weekly basis. There were also six week mother and baby checks. Appointments were available outside of school hours and the premises were suitable for children and babies. There was a baby change and separate breast feeding room on the same floor as the practice.

The practice took part in a catch up immunisation programme for students aged 17 for measles, mumps and rubella (MMR) and meningococcal group C (Men C) vaccines. Patients between 15 and 24 years were encouraged to have chlamydia testing as appropriate. Testing kits were available and promoted in the practice. The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 84.2%, which was above the national average of 81.83%.

We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

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 which included appointment booking, test results

Requires improvement



Summary of findings

and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. There were extended opening hours on a Monday evening and Thursday morning.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. QOF data showed 93.3% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. Nationally reported data showed performance for mental health related indicators was below the national average, the practice achieved 57.7% of the QOF points available to them, compared to the

Requires improvement



Summary of findings

national average of 92.8%. 93.3% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months compared to a national average of 88.4%.

Summary of findings

What people who use the service say

We spoke with six patients on the day of our inspection, which included a member of the practice's patient participation group (PPG).

Most of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included lovely staff and exceptional service.

We reviewed 37 CQC comment cards completed by patients prior to the inspection. Common words used to describe the practice included, caring staff, excellent and good service. However, there were 12 cards with less positive comments regarding the service patients received. Nine of these referred to patients experiencing difficulties in making an appointment.

The latest National GP Patient Survey of the practice, published in July 2015, showed that scores from patients were either in line with, or below, national and local averages. The percentage of patients who described their overall experience as good was 81.3%, which was below the local clinical commissioning group (CCG) average of 87% and the national average of 84.9%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 65.6% (local CCG average 78%, national average 79.1%).
- 82.6% said the GP was good at listening to them compared to the local CCG average of 90.6% and national average of 88.6%.
- 90.6% said the GP gave them enough time compared to the local CCG average of 89.4% and national average of 86.6%.
- 93% said the nurse was good at listening to them compared to the local CCG average of 93.7% and national average of 91%.

· 86% said the nurse gave them enough time compared to the local CCG average of 94.3% and national average of 91.9%.

· 76.4% said they found it easy to get through to this surgery by phone compared to the local CCG average 79.3%, national average 73.3%.

· Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen – 67% (local CCG average 70.8%, national average 64.8%).

· Percentage of patients who find the receptionists at this surgery helpful – 80.5% (local CCG average 89.9%, national average 86.8%).

These results were based on 104 surveys that were returned from a total of 412 sent out; a response rate of 25.2% and they represent 2% of the overall practice population.

The practice had recently carried out its own survey with responses collated in November 2015. They received 45 responses which is less than 1% of the patient population.

Some of the results were as follows;

- 95% of the patients said their overall satisfaction with the practice was good, very good or excellent.
- 81% said that it was good, very good or excellent that they could see the doctor of their choice.

Comments provided were mostly positive. The practice concluded that the results indicated that there were some areas which required improvement but, that in general, the patients were happy with the progress staff were making. There were plans to repeat the survey in the summer of 2016.

Areas for improvement

Action the service SHOULD take to improve

- Carry out regular fire drills.
- Update their recruitment policy to reflect the correct legislative procedures and follow the policy when recruiting members of staff.

Summary of findings

- Carry out regular staff appraisals in line with the plans in place and develop a system to ensure that staff receive the correct training appropriate to their role and refresher training.
- Address CQC registration issues.

Hylton 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 and a specialist advisor with experience of GP practice management.

Background to Hylton Medical Group

Hylton Medical Group covers the City of Sunderland area. The practice provides services from the following addresses;

- Hylton Medical Group, Pallion Health Centre, Hylton Road, Sunderland, SR4 7XF,
- Ryhope Health Centre, Sunderland, Tyne and Wear, SR2 0RY.
- We visited the main practice at Pallion Health Centre location as part of this inspection.

Pallion Healthcare Centre is purpose built and accommodates two other GP practices, an urgent healthcare service and other healthcare professionals such as community nursing staff and health visitors. The branch surgery is located at the Ryhope Healthcare Centre in the Ryhope area of Sunderland. Both premises are fully accessible to patients with mobility needs.

The practice has two full time GP partners, one male and one female and a part-time male salaried GP. There are two practice nurses, an acting practice manager and nine administrative staff.

The practice provides services to approximately 5,700 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England.

The practice is open at Pallion Health Centre, Monday to Friday 8am to 6pm with extended opening hours on a Monday evening until 7:30pm. Consulting times with GPs and practice nurses ranged from 8:30am until 11:30am and 2:30pm until 5:30pm and Monday evenings until 7:15pm.

The practice is open at Ryhope Health Centre, Monday to Friday 8:30am to 5:30pm with extended opening hours on a Thursday morning from 7:30am. Consulting times with GPs and practice nurses ranged from 8:30am until 11am and 2 or 3pm until 4 or 5:30pm, Thursday mornings from 7:30am.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook a comprehensive inspection of Hylton Medical Group 4 February 2016. 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. This inspection was planned to check whether the registered 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. This inspection was also carried out to check that improvements to meet legal requirements planned by the practice after our previous inspection on 21 April 2015 had been made.

Detailed findings

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 4 February 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in April 2015 we identified that the significant events reporting process was not used as effectively as it could be. We also had concerns regarding systems in place to record actions taken in response to patient safety alerts.

The acting practice manager explained they were responsible for the management of significant events. Staff had access to the forms to complete in relation to this on the shared computer drive and there were packs with this information in each room. Staff told us the events were discussed at weekly clinical meetings and then there were quarterly significant event meetings which they were all involved in, where they received feedback and learning from incidents. We saw there had been 21 significant events raised in the last three months. We reviewed safety records, incident reports and minutes of meetings, and saw these were a standing agenda item at the weekly clinical meetings. For example, incorrect patient details on a test at the laboratory had led to the results being filed in the wrong patient's notes. This led to more training for staff on the filing of test results.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The acting practice manager had met with another practice manager from a different surgery to understand how to improve the process they needed in place for these. They were responsible for the alerts and there were three other members of staff who had access to these if the acting practice manager was absent. A file was kept of them, they were printed off and given to relevant staff. The meetings process was used to discuss these, dependant upon their relevance.

Overview of safety systems and processes

When we inspected the practice in April 2015 we identified some concerns in relation to;

- The practice safeguarding policies.
- The way the practice carried out chaperoning duties.
- Emergency medicines which were taken on home visits.
- The practice recruitment policy and checks on staff.

- GP cover being inadequate and patient appointments being cancelled.

During the inspection in February 2016 we saw improvements had been made in relation to practice safeguarding policies, chaperone duties and emergency medicines and that GP cover was adequate. Improvements should still be made in relation to the recruitment of staff.

- 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. There were practice specific safeguarding policies which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner had the lead role for safeguarding children and vulnerable adults. We saw minutes of clinical meetings where safeguarding matters were discussed. The health visitor and midwife attended where possible. Staff demonstrated they understood their responsibilities and had all received training relevant to their role, with the exception of one new member of staff. We saw all GPs had received level 3 safeguarding children training.
- There was a notice displayed in the waiting area and on all treatment room doors advising patients that they could request a chaperone, if required. The practice nurses or two of the administrative staff carried out this role. They had received chaperone training. They had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed in the practice. We observed the premises to be clean and tidy. The practice nurse was the infection control lead and had received training for this role. The practice had arranged for a contractor to come into the practice after the last CQC inspection to train the staff and assist them to carry out an infection control audit and to update infection control policies. There was a formal legionella risk assessment.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling). At our previous inspection in

Are services safe?

April 2015 there were some concerns regarding there being no risk assessment for not carrying emergency medicines on home visits. We saw at this inspection that a risk assessment was now in place. Two of the three GPs bags we looked at had satisfactory medication. The medication in the third bag was corrected and following the inspection, the practice sent us photographs and documentation to support this. Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist and, in addition, they had employed their own pharmacist for 16 hours per week.

- A new recruitment policy had been introduced in December 2015, this was not comprehensive but it did set out the requirement to advertise vacancies. It did not set out what evidence of identity was necessary for new employees or what the requirements were regarding DBS checks. There was however, a right to work in the UK policy stating documents required to prove eligibility to work in the UK. There was a separate policy for the recruitment of locum GPs. This had been followed for the appointment of the salaried GP and the regular locum which the practice used and all relevant documents had been checked, for example, DBS, safeguarding level 3 training certificate and medical indemnity insurance. We checked the recruitment file of the one member of staff recruited since the last inspection in April 2015. The candidate had been working at the practice temporarily before the interview. However, there were no interview notes. There was a risk assessment as to why they did not need a DBS check. Staff who required a DBS check had received one and there was a risk assessment in place for those staff who were considered to not need a check.
- We saw that there were checks made on the relevant professional bodies staff were required to register with, such as the nursing and midwifery council (NMC) for nurses and General Medical Council (GMC) for doctors. There was medical indemnity insurance cover in place for clinical staff and we saw records of this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. However there had been no recent fire drills. The acting practice manager said they had taken this up with the property landlords as something which needed to be carried out. There was no formal separate recording of fire training; however, the acting practice manager told us that this had been covered on health and safety training with staff by an external contactor. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, the reception manager organised this. The practice had recruited a salaried GP since our previous inspection in April 2015 and there was also a regular locum GP who worked in the practice. There were rotas in place for GP and administration staff cover.

Arrangements to deal with emergencies and major incidents

We saw evidence that staff had received basic life support training, with the exception of a new member of staff and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage which had been but in place in August 2015. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we inspected the practice in April 2015 we had concerns that there were no arrangements in place to ensure that clinical guidelines were reviewed and updated. At our inspection of February 2016 we found that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE; they were available on the practice intranet system and also laminated packs were available to clinical staff which we were shown. This information was used to develop how care and treatment was delivered to meet patients' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually.

Nationally reported data taken from the QOF for 2014/15 showed the practice had achieved 85.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the national average of 93.5%. The practice had 17.3% clinical exception reporting which was higher than the national average of 9.2%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) In the previous QOF year the practice achieved 100% of the points available to them for clinical conditions which was above the national average of 93.5%. The clinical exception rate was 20.3% for that year which was higher than the national average of 7.9%.

Examples of data from 2014/15 are as follows:

- Performance for mental health related indicators was below the national average (57.7% compared to 92.8% nationally).
- Performance for heart failure related indicators related indicators was below the national average. The practice achieved (53.3% compared to 95% nationally).
- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (96.5% compared to 89.2% nationally).

We discussed the QOF figures with both GP partners who told us that they were aware of the poor QOF scores for the last year and that the exception rate was very high. They said they had put all their efforts in to addressing the issues in the last CQC report and did not feel they had the resources to try and address this at the same time. However, they felt that there were recording issues and

more could be done and therefore they were employing a consultancy firm to come into the practice to give advice and support to help them develop an action plan to address these issues.

At our previous inspection in April 2015 we identified that the practice was an outlier with regards to attendances at accident and emergency units (A and E). The practice had then started to monitor the discharge letters from A and E units and they showed us figures from the local clinical commissioning group (CCG) system which showed that attendances at the A and E departments had reduced by approximately 19% in a six month period to November 2015. Data from the Health and Social Care Information Centre showed that for the year 2014 the practice had 16.9 emergency admissions to hospital, per 1,000 population, compared to the national average of 15.9.

At our inspection in April 2015 we found that effective clinical audits were not being carried out to demonstrate quality improvement. At this inspection we saw evidence of two completed audit cycles. One regarding a medication to reduce cholesterol and the other regarding deep vein thrombosis. There were other audits in progress such as urinary tract infections and an atrial fibrillation pilot audit, audits of the appointment system and a cervical smear audit. However, there was no structure to the audit programme, one of the GP partners told us there was a plan to have a more systematic approach to this. The

Are services effective?

(for example, treatment is effective)

practice had also employed a pharmacist themselves for 16 hours per week on top of the CCG pharmacist support they received and hoped this would help them improve their clinical audit system.

Effective staffing

We looked at the records for staff training and appraisal.

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as fire safety, health and safety and responsibilities of their job role. They received regular performance reviews during their first year of employment. There was also a GP locum induction pack at the practice.
- The acting practice manager told us that staff had last received an appraisal in March 2015, however, when this was checked it was seen to be in October 2014. However, there were plans already in place to appraise staff in March 2016. The practice were planning to change the appraisal system so that staff were included more in the planning and staff development process. Arrangements had been made for the acting practice manager to have an appraisal carried out by a neighbouring practice's practice manager. All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.)
- We could see that most staff had received training such as health and safety, safeguarding adults and children, basic life support and infection control. Only one member of staff had received information governance training. There was no system in place to identify what training they should have received for their role or when refresher training was needed. A new member of staff was waiting for most of their training to be arranged. We saw the nursing staff had received the appropriate training for their role.

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. All relevant information was shared with other services.

The practice maintained registers of patients with long term conditions. The patients were invited into the practice for structured examinations at least yearly. Three invitations would be sent, however, the practice would often telephone patients to explain how important it was for patients to attend these appointments. Diabetes was an area of special interest for the practice and, some diabetic patients who were outside the normal range, were cared for by the practice in close consultation with the diabetes consultant at the local hospital. Annual health checks were also in place for patients with mental health conditions, a learning disability and for carers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. There were practice multi-disciplinary team (MDT) meetings. There was also cluster of local practices who had begun to hold weekly MDT meetings. The purpose was to risk stratify patients, and the community matron and community geriatrician attended the meetings. As a result of the weekly MDTs the practice aimed to have enhanced care planning in place for the top 1% of patients deemed to be most at risk with the focus on reducing unplanned hospital admissions.

Consent to care and treatment

At our previous inspection we raised concerns regarding the lead GP's knowledge of the Mental Capacity Act (MCA, 2005). At this inspection we saw that GPs had received training in the Mental Capacity Act in October 2015. Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the MCA. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. 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.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the

Are services effective?

(for example, treatment is effective)

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

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 84.2%, which was above the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 94% to 100% compared to the CCG averages of 96% to 100%, and five year olds from 90.4% to 100% compared to the CCG average of 31% to 98%. Child immunisation clinics were held on a weekly basis. There were also six week mother and baby checks. The influenza vaccination rates for at risk groups was 56.7% (compared to 53.4% nationally). The practice took part in a catch up immunisation programme for students aged 17 for measles, mumps and rubella (MMR) and meningococcal group C (Men C) vaccines.

New patients registering with the practice were offered a new patient health check with the practice nurse.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed 37 CQC comment cards completed by patients prior to the inspection. Common words used to describe the practice included, caring staff, excellent and good service.

We spoke with six patients on the day of our inspection, which included a member of the practice's patient participation group (PPG). Most of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included lovely staff and exceptional service.

Results from the National GP Patient Survey, published in July 2015, showed patients rated the practice lower than others for most aspects of being treated with respect, dignity and compassion. Scores were below the local and national averages for satisfaction scores on consultations with doctors and nurses. For example:

- 88.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and the national average of 95.2%.
- 81.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and the national average of 85.1%.
- 91.3% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.5% and the national average of 97.1%.
- 85.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and the national average of 90.4%.

- 80.5% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and the national average of 86.8%.

The practice had carried out its own survey at the end of 2015 however there were no direct questions to patients regarding care.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 rated the practice lower than others for some aspects of their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages. For example:

- 82.6% said the GP was good at listening to them compared to the CCG average of 90.6% and the national average of 88.6%.
- 90.6% said the GP gave them enough time compared to the CCG average of 89.4% and the national average of 86.6%.
- 82.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and the national average of 86%.
- 78.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and the national average of 81.4%.
- 93% said the last nurse they spoke to was good listening to them compared to the CCG average of 93.7% and the national average of 91%.
- 86% said the nurse gave them enough time compared to the CCG average of 94.3% and the national average of 91.9%.

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The patient waiting area had a large amount of information for patients. There was information on the staff team were at the practice. Information regarding various support groups for example, the local carers centre and mental health services.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering

health checks and referral for social services support. There were 47 patients on the carer's register, accounting for less than 1% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support. The practice always sent a bereavement card to the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on a Monday evening and Thursday morning.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including chronic disease management and travel vaccinations which included yellow fever.
- The practice had level access for patients and there was a lift to the practice on the first floor. There was a baby change and separate breast feeding room.

The practice had held a coffee morning in the autumn of 2015 in health promotion week for a cancer charity. They used this for patients to come into the practice and be able to talk to them. Local health promotion groups attended and set up tables with advice leaflets and information for the patients. This gave the practice an opportunity to promote the winter flu vaccination.

The practice had a patient participation group (PPG) with six members. The group met every three months. We spoke with one member of the PPG. They commented positively on changes which had been made as a result of the group's feedback. The practice had asked for the views of the PPG members when they had implemented changes to the practice appointment system. The PPG had also helped to devise the do not attend (DNA) appointment protocol. The practice produced a quarterly newsletter for patients with information such as bank holiday closure dates and influenza clinics.

Access to the service

The practice was open at Pallion Health Centre, Monday to Friday 8am to 6pm with extended opening hours on a Monday evening until 7:30pm. Consulting times with GPs and practice nurses ranged from 8:30am until 11:30am and 2:30pm until 5:30pm and Monday evenings until 7:15pm.

The practice was open at Ryhope Health Centre, Monday to Friday 8:30am to 5:30pm with extended opening hours on a Thursday morning from 7:30am. Consulting times with GPs and practice nurses ranged from 8:30am until 11am and 2 or 3pm until 4 or 5:30pm, Thursday mornings from 7:30am.

Patients we spoke with on the inspection day said they did not have difficulty obtaining an appointment to see a GP. However, nine out of 37 CQC comment cards which were completed contained less favourable comments regarding patients experiencing difficulties in making an appointment.

There were emergency appointments available every day at the practice. Routine appointments could be booked up to one month or 48 hours ahead. The practice nurses triaged emergency appointments every morning. This had freed up time for the GPs who no longer had to make as many telephone consultations.

Results from the National GP Patient Survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was variable compared to local and national averages. For example;

- 73.4% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81.2% and national average of 74.9%.
- 76.4% patients said they could get through easily to the surgery by telephone compared to the local CCG average of 79.3% and national average of 73.3%.
- 55.5% patients described their experience of making an appointment as good compared to the local CCG average of 76.2% and national average of 73.3%.

The practice had addressed the low score of only 55% of patients describing their appointment as good by recruiting another GP partner and a salaried GP to improve patient access and continuity of care.

Listening and learning from concerns and complaints

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

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

We saw the practice had received five complaints since July 2015 and these had been investigated in line with their complaints procedure. Where mistakes had been made, it

was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Staff we spoke with talked about patients being their main priority. The practice's vision statement was to be committed to providing high quality care to all users of services and advocate best practice in the delivery of all services. They aimed to be considerate and responsive to the needs of their patients and to offer an open channel of communication to maintain standards and consistency in the level of service provided.

The practice strategy was to provide quality, high standard patient centred care by improving access and ensuring the central co-ordinating role of general practice in delivering out of hospital care. To support better health through prevention and to increase patients' capacity for self-care and to engage in working arrangements between practices.

The practice had an action plan to address the issues from the previous CQC inspection report which incorporated further practice development plans.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

We saw at this inspection that governance arrangements had improved. There were some governance arrangements which supported the delivery of the action plan and good quality care.

- One of the GP partners and the acting practice manager had actively worked hard to drive improvements forward in the practice.
- There was a staffing structure and staff were aware of their own roles and responsibilities. The acting practice manager was the lead for health and safety, significant events and complaints. The practice nurse was lead for infection control. Two of the GP partners were the leads for safeguarding.
- Practice specific policies had been implemented and were available to all staff.

- A programme of clinical audit had been introduced and was beginning to be used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, there were areas where improvements could be made,

- CQC registration issues in the practice had not been properly addressed for over two years by the management team. We have written to the practice separately regarding this.
- Managers did not have a comprehensive understanding of the performance of the practice; QOF results were below local and national averages.
- The practice did not have a comprehensive recruitment policy to reflect the correct legislative procedures and had not followed the policy when recruiting members of staff.
- The practice had not carried out regular staff appraisals and needed to develop a system to ensure that staff received the correct training appropriate to their role and refresher training.

Leadership and culture

There was a management team with allocation of responsibilities. However, the inspection team felt that the registered manager could be more involved in the day to day running of the non-clinical areas of the practice to ensure good governance.

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

Regular meetings, involving staff at all levels, were held. Staff told us they felt supported in their roles and management at the practice were approachable. The acting practice manager showed us examples of minutes of the meetings which were held, for example, multi-disciplinary (MDT), clinical and administration team meetings.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a recent patient survey, formal and informal complaints received and the practice participation group (PPG).

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were encouraged to identify opportunities for future improvements on how the practice was run.

Continuous improvement

One of the GP partners and the acting practice manager were forward thinking and had sought help from other sources to make improvements to the practice, for example, plans were in place to involve outside consultants to help the practice improve its QOF.

Recently as part of a CCG initiative the practice had joined a cluster of local practices had begun to hold weekly MDT meetings. The purpose was to risk stratify patients. The community matron and community geriatrician attended the meetings.