Park Lane Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Lane Practice on 13 January 2016. 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.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this. However, there did not appear to be a robust system in place to select topics for clinical audit based on the particular needs of their patient population.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Information about services and how to complain was available and easy to understand.
- The practice had recently reviewed and changed their appointment system and was monitoring its effectiveness.

The areas where the provider should make improvements are:

- Implement a regular schedule of clinical meetings
- Follow the practice recruitment policy so that all necessary employment checks for staff are completed before commencement of employment
- Make arrangements for staff to receive the appropriate immunisations relevant to the roles they undertake.
- Review and update procedures and guidance
- Review their high Quality and Outcomes Framework (QOF) exception reporting rates in order to understand the reasons behind this and to be able to demonstrate they are providing patients with the care and treatment they require.

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.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

The practice was clean and hygienic and good infection control arrangements were in place. However, the practice had not taken steps to ensure that staff had received the appropriate immunisations relevant to the roles they undertook. There was evidence of effective medicines management in some areas. The practice did not have an effective system in place to ensure the movement of blank prescriptions within the practice was monitored.

A comprehensive staff recruitment policy was in operation. However, this had not been followed effectively as references had not been obtained for all recently appointed staff before commencement of employment. Disclosure and Barring Service (DBS) checks had been undertaken for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local clinical commissioning group

Summary of findings

(CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 98.4% of the point's available (local CCG average 95.7% and national average 93.5%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were below local and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 87.2% to 97.9% (compared with the CCG range of 96.2% to 100%). For five year olds this ranged from 83.3% to 95.8% (compared to CCG range of 31.6% to 98.9%). Managers were aware of the areas where they needed to improve and were dedicated to improvement.

There was evidence of clinical audit activity and improvements made as a result of this. However, there did not appear to be a robust system in place to select topics for clinical audit based on the particular needs of their patient population.

Steps had been taken to ensure staff would receive annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2015 were mixed when compared with CCG and national averages in respect of providing caring services. For example, 85.4% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 90.6% and national average 88.6%) and 84.7% said the last nurse they saw or spoke to was good at listening to them (CCG average 93.7% and national average was 91%).

Results also indicated that 86% of respondents felt the nurse treated them with care and concern (CCG average 93.3% and national average of 90.4%). 89.7% of patients felt the GP treated them with care and concern (CCG average 87.5% and national average 85.1%).

Information for patients about the services available was easy to understand and accessible.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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. The practice had recently implemented an effective system to deal with complaints and were committed to ensuring lessons learned from complaints were discussed and reviewed with staff on a regular basis.

The practice's scores in relation to access in the National GP Patient Survey were mixed when compared with local and national averages. The most recent results (July 2015) showed that 65% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.8% and the national average of 64.8%. 81.7% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.9% and a national average of 85.2%.

The practice was able to demonstrate that it continually monitored the needs of their patients and responded appropriately. The practice had recently carried out a review of the appointment system and had also appointed an advanced nurse practitioner and additional administration staff to aid patient access to services.

The practice had become involved in a number of initiatives to improve services. This had included ensuring the service was more accessible for people with a learning disability. The practice was also participating in a local care homes integrated team's project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

- The practice had a vision and a strategy but not all staff were aware of this or their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- A staff appraisal system had recently been introduced and staff were given the opportunity to request non-mandatory training
- There was no evidence of any clinical meetings to discuss issues such as implementation of National Institute of Health and Care Institute (NICE) guidance or new initiatives

Summary of findings

- The practice did not have a business plan and there was no evidence of future aims and objectives being discussed with staff

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for pneumonia and shingles to older people. The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care.

The practice was participating in an enhanced service to reduce unplanned admissions for patients most at risk of admission to hospital. It was also a member of the Sunderland GP Alliance. This is a federation of 40 GP practices representing approximately 85% of Sunderland's patient population working collaboratively to achieve better health outcomes for the people of Sunderland.

People with long term conditions

Good

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

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term conditions, such as diabetes. The practice had a proactive approach to treating patients with chronic obstructive pulmonary disease by working with patients to develop personalised self-management plans. Smoking cessation advice was available from the practice nurse.

The practice regularly referred patients to other services such as diabetes and pulmonary rehabilitation services, the local wellbeing 'move to improve' service and the recovery at home service. The recovery at home service supported patients who needed short term health or social care support at home rather than them having to stay in or be admitted to hospital or long term care facilities.

Summary of findings

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9 percentage points above the local CCG average and 2.6 points above the national average.
- The practice had obtained 100% of the points available to them in respect of diabetes. This was 6.5 percentage points above the local CCG average and 10.8 points above the national average

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice was rated as requires improvement for providing safe services and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children varied with some results being comparable with national averages and other results being lower. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 87.2% to 97.9% (compared with the CCG range of 96.2% to 100%). For five year olds this ranged from 83.3% to 95.8% (compared to CCG range of 31.6% to 98.9%). Children who repeatedly failed to attend the practice for childhood immunisations were referred to a health visitor for follow up intervention.

Information from the National Cancer Intelligence Network (NICIN) published in March 2015 indicated that only 67.8% of the 596 females aged between 25 and 64 listed with the practice had attended cervical screening (compared to the CCG average of 77.2%

and national average of 74.3%). The practice had identified that this had been due to a shortfall in availability for cervical screening appointments as these had only been available until 2.30pm each day. Following the appointment of an advanced nurse practitioner cervical screening appointments were now available until 6.30pm. The practice was confident that this would improve uptake of the cervical screening programme. Nursing staff offered 'well women' appointments and contraceptive services.

Pregnant women were able to access weekly antenatal clinics provided by healthcare staff attached to the practice. The practice offered flu and pertussis vaccinations to pregnant women and the GP carried out post-natal mother and baby checks. Children under the age of two were routinely given an urgent same day appointment.

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 the working age population, those recently retired and students had been met. The practice was open from 8.30am to 6.30pm on a Monday, Tuesday, Wednesday and Friday and from 8.30am to 6pm on a Thursday. Appointments, including telephone consultations were available from 8.50am until 10 minutes before the practice closed. The practice was part of the City's East locality extended access scheme which meant that the practice were able to book GP appointments for their patients at a local health centre from 6pm to 8pm and on Saturday mornings from 9am until 2pm.

The practice offered minor surgery, joint injections, sexual health screening, emergency contraception and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Patients could opt to receive text message appointment reminders.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks and were involved in developing personalised health action plans. They were also routinely offered longer appointments. The practice worked with the Sunderland People

Summary of findings

First initiative to improve access to services for patients with a learning disability. The practice had also signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

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

The practice was participating in a carer's incentive scheme. Good arrangements were in place to identify and support patients who were carers.

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).

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 100%. This was higher than the national average of 84%.

The GP partner was an experienced approved mental health practitioner and held a clinic for patients with mental health issues on a Thursday afternoon when patients were given a 30 minute appointment slot. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing, substance misuse and counselling services. This included services for asylum seekers, refugees, victims of torture and armed forces veterans.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had been awarded the 'Dementia Friends' accreditation and staff had undertaken dementia awareness training. Patients with dementia, and their carers were regularly signposted to the Essence Service, run by Age UK for support and advice.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2015 showed mixed results but generally that the practice was performing in line with local and national averages. 455 survey forms were distributed and 90 were returned, a response rate of 19.8%. This represented 2% of the practice's patient list.

- 79.4% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 81.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.9%, national average 85.2%).
- 84.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 88.1%, national average 84.8%).
- 79.9% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80.5%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were mostly positive about the standard of care received. Words used to describe the practice and its staff included friendly, accommodating, helpful, excellent, courteous, efficient and first class. Two of the cards were less positive in relation to waiting times for a routine appointment and access to repeat prescriptions.

We spoke with six patients during the inspection, four of whom were members of the practice patient participation group. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

In advance of the inspection we also spoke with attached staff who worked closely with, but were not employed by the practice. This included a health visitor and a district nurse. They reported that they had no concerns in respect of the practice.

Areas for improvement

Action the service SHOULD take to improve

- Implement a regular schedule of clinical meetings
- Follow the practice recruitment policy so that all necessary employment checks for staff are completed before commencement of employment
- Make arrangements for staff to receive the appropriate immunisations relevant to the roles they undertake.
- Review and update procedures and guidance
- Review their high Quality and Outcomes Framework (QOF) exception reporting rates in order to understand the reasons behind this and to be able to demonstrate they are providing patients with the care and treatment they require.

Park Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and a GP specialist advisor.

Background to Park Lane Practice

Park Lane Practice is a single handed GP practice located near to Sunderland City Centre, in an area South of the River Wear and within walking distance of Park Lane metro station. The practice provides care and treatment to 4,024 patients and is part of the NHS Sunderland clinical commissioning group (CCG). It operates on a General Medical Services (GMS) contract for general practice.

The practice provides services from the following address, which we visited during this inspection:

Park Lane Practice, 1-6 City Green, Sunderland, Tyne and Wear, SR2 7BA

The practice is located in purpose built premises on the ground floor of a modern apartment block building which was built in 2010. All reception and consultation rooms are fully accessible for patients with mobility issues. Limited on-site parking, including dedicated disabled parking bays, is available. Pay and display car parks and limited on street parking are available nearby.

The premises are leased from NHS Property Services Ltd who also lease accommodation on the same site to the community psychiatric nursing and warfarin teams, physiotherapists, local clinical commissioning group occupational therapy team and cognitive behavioural therapists.

The practice is open from 8.30am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to 6.20pm) and from 8.30am to 6pm on a Thursday (appointments from 8.30am to 5.50pm).

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

Park Lane Practice offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, childhood health surveillance and immunisations, travel vaccinations, contraception and minor surgery. The practice consists of:

- One GP (male)
- An advanced nurse practitioner (female)
- A practice nurse (female)
- Eight non-clinical members of staff including a practice manager, phlebotomist, secretary, receptionists and administration staff

The area in which the practice is located is in the third (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed slightly more patients than the national average in the 20-34 and 40-59 year age groups. All other age groups were comparable to the national average. Average life expectancy for the male practice population was 75 (national average 79) and for the female population 80 (national average 83).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

We also looked at how well services 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2016. During our visit we spoke with a mix of clinical and non-clinical staff including the GP, nursing staff, the practice manager and administration and reception staff. We spoke with six patients, four of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 46 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff were well aware of their roles and responsibilities in reporting and recording significant events. The practice had an up to date significant event policy and reporting form.
- Significant events were analysed and reviewed at monthly practice meetings. The practice manager planned to implement an annual review of significant events to ensure lessons learned were embedded with staff.

We reviewed safety records, incident reports national patient safety alerts 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, an error had occurred where blood samples had not been sent for analysis. The error had been discovered the following day but as the blood samples had not been refrigerated patients had to be recalled for repeat samples. This error led to the practice reviewing its procedures for the storage and collection of samples and specimens and reminding staff of their responsibilities in relation to this.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 GP was trained to level three in children's safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Other staff members either had, or were in the process of undergoing DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and cleaning audits were carried out on a monthly basis. The practice nurse was the infection control clinical lead and, together with the practice manager, carried out infection control audits on a quarterly basis.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of a pharmacist who attended the practice one day per fortnight, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Patient Group Direction allows registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor
- Although blank prescription pads were stored securely and serial numbers recorded there was no process in place to log and monitor the movement of prescriptions within the practice. We raised this issue with practice management on the day of the inspection. They advised us that they did not keep many blank prescriptions in stock as the majority of their patients preferred to use the electronic prescription service. They agreed, however, to review their process to ensure it complied with recommended guidance

Good

Are services safe?

- The practice had not taken steps to check or ensure that staff had received the appropriate immunisations according to the roles they undertook, such as routine immunisations or hepatitis B immunisation for staff directly in contact with blood or bodily fluids
- We reviewed four personnel files and found that appropriate recruitment checks had not been undertaken for all staff prior to employment. For example, there was no evidence of references for one member of staff despite the practice recruitment policy listing this as a requirement. We raised this matter with the practice manager who told us she would ensure this did not happen again and obtain retrospective references for the member of staff in question.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had up to date fire risk assessments and fire evacuation drills were carried out by their landlords, NHS Property Services, the last one being December 2015. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Additional administration staff had recently been recruited and all had a working understanding of and were able to cover each other's roles. Part time staff were flexible and willing to increase hours to provide cover for sickness and leave. As the practice had been unable to recruit a salaried GP or GP partner since the retirement of a GP partner in December 2015 they had no option but to use locum GPs. However a locum pack was in operation and locum GPs were given a half day induction at the commencement of their employment.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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. The business continuity plan had been invoked during an incident in 2015 where the premises had been flooded as a result of a leaking pipe from the apartment block above the practice. The plan had worked well and disruption to service had been minimised. However, the plan was still reviewed afterwards by NHS England to ensure it was fully comprehensive and fit for purpose.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no evidence to demonstrate how the guidelines were discussed or reviewed to ensure consistency or of clinical meetings.

The practice used the primary care web tool, which provided statistical primary care information, to monitor their performance and compare with local clinical commissioning group (CCG) and national averages.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98.4% of the total number of points available to them compared with the CCG average of 95.7% and national average of 93.5%. At 19.1% their clinical exception rate was higher than the local CCG average of 10.8% and national average of 13.6%. 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. Staff we spoke to were unable to explain the reason for this.

- Performance for diabetes related indicators was higher than the local CCG and national averages (100% compared to the CCG average of 93.5% and national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was lower than average (81.7% compared with a CCG average of 83.7% and national average of 83.6%)
- Performance for mental health related indicators was higher than the local CCG and national averages (100% compared with a CCG average of 91.8% and national average of 92.8%).

The practice participated in the medicines optimisation local incentive scheme and were able to show that for the second quarter of 2015-2016 they were performing better than average in terms of the number of antibiotic prescriptions, blood glucose test strips and laxatives they were prescribing. This scheme aims to ensure that patients obtain the best possible outcomes from their medicine and to improve the quality, safety and cost effectiveness of prescribing.

The practice worked with patients with chronic obstructive pulmonary disease to ensure personalised self-management plans were delivered. The practice offered in house smoking cessation advice and regularly referred patients to other advice and support services. This included diabetes and pulmonary rehabilitation services, the local wellbeing 'move to improve' service and the recovery at home service. The recovery at home service provided support to patients who needed short term health or social care support in their own homes rather than them having to stay in or be admitted to hospital or long term care facilities.

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of two cycle audits, including one used to review patients prescribed non-steroidal anti-inflammatory drugs and selective serotonin reuptake inhibitors (an anti-depressant) without a separate medication to prevent associated gastric problems. This audit had involved reviewing the records of 188 patients and resulted in two patients being recalled to the surgery for a medication review. However, there did not appear to be a robust system in place to select topics for clinical audit based on the particular needs of their patient population.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients and their families.

Effective staffing

The staff team included one GP, nursing, managerial and administrative staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

Good

Are services effective?

(for example, treatment is effective)

The GP was up to date with their yearly continuing professional development requirements and had been revalidated (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). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

The practice had recently implemented a schedule of appraisals for all staff. The intention was that these would be held on a yearly basis during the month of a staff member's birthday. We saw evidence that staff members had been given appraisal forms to complete. The practice manager told us that personal development and training plans would be discussed and agreed during the appraisals but until then consideration was given to any training or development opportunity staff requested on a case by case basis. This had included opportunities for administration staff to undertake NVQs and requests for study leave for clinical staff which had been granted.

The practice had recently recruited additional administration staff and were actively trying to recruit a GP partner or salaried GP to replace the GP partner who had retired in December 2015. In the meantime the practice was using locum GPs to ensure sufficient appointment time was available. The practice had also recently employed an advanced nurse practitioner to free up demand for GP appointments. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in operation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were reviewed and updated. However, some of the care plans we viewed were not fully comprehensive and had not been completed in full.

Consent to care and treatment

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

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

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 90 patients who participated in the National GP Patient Survey published in July 2015, 91% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 81.4% and local CCG average of 84.9%. The same survey revealed that 88% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 84.8% and local CCG average of 89.4%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Information from the National Cancer Intelligence Network (NICIN) published in March 2015 indicated that only 67.8%

Good

Are services effective?

(for example, treatment is effective)

of the 596 females aged between 25 and 64 listed with the practice had attended cervical screening. The practice manager told us that they felt the reason for this was that there had been a lack of appointment availability with a practice nurse. This had subsequently improved since the appointment of an advanced nurse practitioner in December 2015.

Childhood immunisation rates were generally lower than local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 87.2% to 97.9% (compared with the CCG range of 96.2% to 100%). For five year olds this ranged from 83.3% to 95.8% (compared to CCG range of 31.6% to 98.9%).

Flu vaccination rates were also below average. For the over 65s this was 66.7% (national average 73.2%), and for at risk groups 45.3% (national average 53.4%).

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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Good

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 and that people were treated with dignity and respect.

- 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 46 completed CQC comment cards, the vast majority of which were very complimentary about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with six patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey (published in July 2015) showed patient satisfaction was below average in respect of being treated with compassion, dignity and respect. The practice scored lower than local and national averages for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patient satisfaction was mixed in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 85% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 88% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Practice staff told us that they were aware of the results and were taking steps to improve. This included the recruitment of an advanced nurse practitioner and ongoing attempts to recruit additional GPs. Then practice was also employing regular locum GPs and had ensured that a female locum was employed so patients had a choice as to whether they saw a male or female GP.

The practice had access to a translation service for patients who did not have English as a first language. There was

Good

Are services caring?

also had a hearing loop for patients with hearing difficulties. The practice pro-actively identified carers and ensured they were offered flu vaccinations, annual health checks and appropriate advice and support.

Patients with a learning disability were routinely offered longer appointments and an annual review lasting 40 minutes with a practice nurse. The practice used the Sunderland Action for Health website to develop comprehensive health action plans during the reviews. This website provides useful information for people with learning disabilities, their carers and health professionals.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice computer system alerted clinicians if a patient was a carer. Carers were routinely signposted to the local carers centre and offered an annual health check, carer's assessment and flu vaccination. The practice had recorded 50 of its patients as being a carer (1.2% of the practice population).

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population planned services accordingly. Services took account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them. Patients with a learning disability were routinely offered a longer appointment.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation the same day. If this was not possible the patient was referred to a nearby health centre for a same day appointment as part of the practices involvement in the East Locality extended hours scheme.
- The practice ensured that any child under the age of two was seen the same day.
- The practice held a clinic for patients experiencing poor mental health on a Thursday afternoon. Patients were given a 30 minute slot with the GP who was an approved mental health professional
- As the practice had struggled to recruit a replacement GP since the retirement of one of the GP partners they had recruited an advanced nurse practitioner to reduce the effect pf this
- Since the appointment of the advanced nurse practitioner the practice was able to offer later appointments, which included appointments for chronic disease management and cervical screening. This had improved access to services for people who worked and students.
- There were disabled facilities and translation services available. The practice had a hearing loop and one of the staff members was able to communicate in sign language
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. However, this service was not advertised on the practice website.
- The practice had been awarded the 'Dementia Friends' accreditation and staff had undertaken dementia awareness training. Patients with dementia, and their carers were regularly signposted to the Essence Service, ran by Age UK for support and advice.

Access to the service

The practice was open from 8.30am to 6.30pm on a Monday, Tuesday, Wednesday and Friday and from 8.30am to 6pm on a Thursday. Appointment start times alternated between 8.30am and 8.50am with the last appointment being 10 minutes before the practice closed. The appointment system offered by the practice, which had been changed following a review in August 2015, operated on a first come first served basis and included urgent same day, within 48 hours, routine and telephone appointments.

Results from the National GP Patient Survey (July 2015) showed that patients' satisfaction with how they could access care and treatment was lower than or comparable with local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 74%.
- 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 61% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 65% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 71% and the national average of 65%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

However, this survey had been carried out before the practice had carried out the review of the appointment system. Practice management felt they had now improved in this area and GP patient survey results published in January 2016 showed there had been a significant improvement.

People told us on the day of the inspection that they were able to get urgent same day appointments when they needed them but it was sometimes difficult to get a routine pre bookable appointment within an acceptable period of

Good

Are services responsive to people's needs?

(for example, to feedback?)

time. We looked at appointment availability during our inspection and found that the next routine appointment with a GP was eight working days later. A routine appointment with a nurse was available the following day.

Listening and learning from concerns and complaints

The recently appointed practice manager had reviewed and strengthened the way in which the practice handled complaints and concerns. This had included the introduction of a step by step guide for staff on what to do if a patient informed them they wished to make a complaint and a complaints leaflet for patients.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system. However there was no information advising patients how they could make a complaint on the practice website.

We looked at six complaints that the practice had received from October 2015 to the date of our inspection. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. For example, apologies had been issued to a patient who had complained about staff attitude and staff had been reminded of the importance of being attentive to patients at the reception desk and dealing with them without delay. The practice manager informed us that the intention was to discuss complaints regularly at team meetings and to carry out an annual review of complaints and significant events with staff to ensure trends and themes were identified and lessons learned embedded.

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 vision was to deliver high quality care and promote good outcomes for patients.

- The practice manager told us that the practice mission statement was to 'provide high quality services to the whole population; personalised care to best meet the needs of the individual and to provide staff with rewarding carers and regular learning and development opportunities'. However, when we asked staff, including the GP what the mission statement was or where they could find it they did not know and stated they had not been involved in its creation.
- The practice did not have a business plan. However, the practice manager told us that they had recently rewritten their statement of purpose which had included reviewing practice aims and objectives.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available for staff; however these had not been reviewed or updated for some time.
- The practice was not able to demonstrate a comprehensive understanding of the performance of the practice. For example, the practice had been unable to explain why their clinical exception rate was higher than local and national averages
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Although there was evidence of clinical audit activity the practice did not have an effective system in place to determine topics for audit based on the particular needs of their patient population
- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no evidence to demonstrate how the guidelines were discussed or reviewed to ensure consistency, or of clinical meetings.

Leadership and culture

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff reported that they felt supported by management.

- Non-clinical staff meetings were held on a monthly basis. Although nursing staff attended clinical meetings with other nurses based in the East locality of the city there was no evidence of any clinical meeting between nursing staff and the GPs at the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported

The practice had recently gone through a period of transition with numerous changes to staffing, including the recruitment of a new practice manager, additional administration staff and an advanced nurse practitioner. In addition one of the GP partners had recently retired and the practice had been unable to recruit a replacement. It was evident that as a result of this improvements had, and would continue to be made.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- A 'virtual' patient participation group had been in operation at the practice for some time and had been canvassed in the past, via email, for their views of the practice. An 'actual' patient participation group,

Are services well-led?

Good

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

consisting of four members, had also recently been formed. The intention was that this group would meet on a quarterly basis, seek to increase membership and develop aims, objectives and areas for development. Members of the PPG that we spoke with stated that they felt they would be able to submit proposals for improvements to the practice management team and felt confident that these would be considered.

- The practice was able to demonstrate that it responded to patient feedback. For example, the practice had responded to concerns raised by a patient about a lack of confidentiality at the reception desk by rearranging the waiting room furniture to minimise the risk of patients in the waiting room overhearing conversations at the reception desk.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels. For example, the practice had recently reviewed and changed the appointment system and had appointed an advanced nurse practitioner to ensure more and later nursing appointments were available and to improve access for patients.

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- The Sunderland People First initiative to improve access to service for patients with a learning disability
- The 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community
- The practice was also participating in a local care homes integrated team's project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.
- The practice was a member of the Sunderland GP Alliance, a federation of 40 GP practices across Sunderland working collaboratively to achieve better health outcomes for their patients.