

# Springwell Medical Group

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springwell Medical Group on 28 July 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 report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Extended hours appointments were available on a Monday between 6:30pm and 8:15pm with a GP or healthcare assistant.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

We saw one area of outstanding practice:

- The practice recognised the specific needs of a wide range of vulnerable patients. For example, they had identified a wider cohort of patients who may be in need of additional monitoring and support but were not part of any formal safeguarding process. These

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patients were discussed at quarterly meetings attended by the attached staff such as the health visitor. The practice kept records of any actions required and put in place support for these patients when required. The practice had also completed a clinical audit of their learning disability register and completed work to improve the care offered to these patients. The first audit in 2013 showed that no patients on the learning disability register had been offered or attended a health check. New processes and procedures were implemented and at the re-audit in 2014, 81% of eligible patients had been offered a health check and 61% had attended. At a third audit in April 2016 the practice were able to show that 83% of eligible patients had attended for a health check, this was an increase of 83% in 3 years.

The areas where the provider should make improvements are:

- Review and formalise the arrangements for the management of significant events to reflect the processes already in place.
- The practice should review the use of consulting rooms with carpeted flooring for taking clinical samples in line with national guidance.
- The practice should review the monitoring arrangements in place for the use of blank prescription pads within the practice in line with the latest guidance.
- The practice should review and formalise their processes for confirming that NHS Property Services have completed the health and safety checks they are contracted to carry out.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again. However, the practice did not have a formal significant event policy in place at the time of the inspection. The practice told us that they would develop a policy based on their existing practice which had worked well.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic.
- Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.2% of the points available in 2014/2015. This was 3.5% above the local average and 4.5% above the national average. For 13 of the 19 clinical domains within QOF, the practice had achieved 100% of the points available.
- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice in line with others for several aspects of care. For example, results from the National GP Patient Survey showed that 97% of respondents had confidence and trust in their GP (CCG average 96%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture.
- We found positive examples to demonstrate how patients' choices and preferences were valued and acted on. For example, staff ensured that patients who found it stressful to attend when the practice was busy were seen when the practice was quiet or were offered a separate waiting area.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website, patient leaflet and in the waiting areas.
- The practice had close links to local and national support organisations and referred patients when appropriate.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients' individual needs and preferences were central to the planning and delivery of services. The services were flexible, provided choice and ensured continuity of care.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who were in vulnerable circumstances or who had complex needs.
- The practice recognised the specific needs of a wide range of vulnerable patients. They had identified a wider cohort of patients who may be in need of additional monitoring and support but were not part of any formal safeguarding process.

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These patients were discussed at quarterly meetings attended by the attached staff such as the health visitor. The practice kept records of any actions required and put in place support for these patients when required.

- The practice recognised the needs of patients who had been prescribed addictive medication such as benzodiazepines and provided an effective support process that enabled new and existing patients to reduce or stop the use of these drugs. Over the last five years, eight new patients had signed up for this programme, 63% of these patients completed the programme and ceased taking this medicine. The practice had undertaken work to reduce the number of its patients on these medicines since 2005.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice highly for access to care and treatment. For example, of those that responded 90% found it easy to get through to the practice by phone (CCG average 79%, national average 73%) and 79% describe their experience of making an appointment as good (CCG average 75%, national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a

Good



# Summary of findings

culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.3% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally above the local and national averages. For example, the practice had achieved 99.7% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 6.2% above the local CCG average and 10.5% above the national average.
- Longer appointments and home visits were available when needed.



# Summary of findings

- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long terms conditions, for example for patients with diabetes and asthma.

## Families, children and young people

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

- 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.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 100% (CCG average 96.2% to 98.9%) and for five year olds ranged from 94.5% to 100% (CCG average 31.6% to 98.9%). The practice booked the new mum post-natal check for the same time as the baby's first immunisation appointment to support new parents.
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average.
- The practice provided a contraceptive service.

Good



# Summary of findings

## 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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Ad hoc telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 80.3%, compared to the CCG average of 81.7% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.

## People whose circumstances may make them vulnerable

Outstanding



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

- The practice held a register of patients living in vulnerable circumstances including a register of patients with a learning disability. Patients with learning disabilities had been invited to the practice for an annual health check. 34 patients were on this register, 83% had an annual review (2015/16 data, which had not yet been verified or published).
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- Staff ensured that patients who found it stressful to attend when the practice was busy were seen when the practice was quiet or were offered a separate waiting area.
- The practice were part of the Sunderland Safe Place scheme; this is a scheme for all vulnerable people and not limited to patients at the practice. Vulnerable people can ask for support and advice at any location that is part of the scheme.

# Summary of findings

- The practice recognised the needs of patients who had been prescribed addictive medication such as benzodiazepines and provided an effective support process that enabled new and existing patients to reduce or stop the use of these drugs. Over the last five years, eight new patients had signed up for this programme, 63% of these patients completed the programme and ceased taking this medicine. The practice had undertaken work to reduce the number of its patients on these medicines since 2005.
- The practice recognised the specific needs of a wide range of vulnerable patients. They had identified a wider cohort of patients who may be in need of additional monitoring and support but were not part of any formal safeguarding process. These patients were discussed at quarterly meetings attended by the attached staff such as the health visitor. The practice kept records of any actions required and put in place support for these patients when required.
- The practice had also completed a clinical audit of their learning disability register and completed work to improve the care offered to these patients. The first audit in 2013 showed that no patients on the learning disability register had been offered or attended a health check. New processes and procedures were implemented and at the re-audit in 2014, 81% of eligible patients had been offered a health check and 61% had attended. At a third audit in April 2016 the practice were able to show that 83% of eligible patients had attended for a health check, this was an increase of 83% in 3 years.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

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

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

Good



# Summary of findings

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. 97% of those has an annual review, 97% had an influenza vaccination (2015/2016 data, which is yet to be verified or published).
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 8.2% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.5% above the local CCG average and 5.5% above the national average. 78.6% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had an in-house counselling service for patients; as part of a local initiative they used the services of trainee counsellors to reduce the waiting time for appointments.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had undertaken 'dementia friends' training and as part of a local initiative the signs in the practice were 'dementia friendly' to support accessibility for people with dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above the local and national averages in many areas. There were 310 forms sent out and 109 were returned. This is a response rate of 35% and represented 1.7% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone (CCG average 79%, national average of 73%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 93% described the overall experience of their GP surgery as good (CCG average 86%, national average 85%).
- 89% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).
- 98% found the receptionists at this surgery helpful (CCG average 90%, national average of 87%).
- 97% said the last appointment they got was very convenient (CCG average 94%, national average 92%).
- 79% described their experience of making an appointment as good (CCG average 75%, national average of 73%).

- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%).
- 65% felt they don't normally have to wait too long to be seen (CCG average 62%, national average 58%).

We reviewed 35 CQC comment cards that patients had completed. All of these were positive about the standard of care received; many of the cards were very positive about the staff at the practice, who were described as caring, welcoming, very friendly and helpful. Words used included excellent, wonderful and good. Several comments mentioned that the practice was very clean and highlighted the helpfulness of the reception staff. Two cards included positive comments but also referred to some areas where the patient thought the practice could improve.

We spoke with six patients during the inspection, including two members of the patient participation group. Patients said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean and they said that appointments were always available.

## Areas for improvement

### Action the service SHOULD take to improve

- Review and formalise the arrangements for the management of significant events to reflect the processes already in place.
- The practice should review the use of consulting rooms with carpeted flooring for taking clinical samples in line with national guidance.
- The practice should review the monitoring arrangements in place for the use of blank prescription pads within the practice in line with the latest guidance.

The practice should review and formalise their processes for confirming that NHS Property Services have completed the health and safety checks they are contracted to carry out

## Outstanding practice

- The practice recognised the specific needs of a wide range of vulnerable patients. For example, they had identified a wider cohort of patients who may be in need of additional monitoring and support but were not part of any formal safeguarding process. These patients were discussed at quarterly meetings attended by the attached staff such as the health visitor. The practice kept records of any actions

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required and put in place support for these patients when required. The practice had also completed a clinical audit of their learning disability register and completed work to improve the care offered to these patients. The first audit in 2013 showed that no patients on the learning disability register had been offered or attended a health check. New processes

and procedures were implemented and at the re-audit in 2014, 81% of eligible patients had been offered a health check and 61% had attended. At a third audit in April 2016 the practice were able to show that 83% of eligible patients had attended for a health check, this was an increase of 83% in 3 years.

# Springwell Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## Background to Springwell Medical Group

Springwell Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 6,400 patients from one location: Alderman Jack Cohen Health Centre, Springwell Road, Sunderland, Tyne and Wear, SR3 4HG. We visited this address as part of the inspection.

Springwell Medical Group is based in converted premises. All reception and consultation rooms are fully accessible. An on-site car park is available which includes dedicated disabled parking bays. Disabled toilets are available. A wheelchair was available for patients to use if they have difficulty walking.

The practice has four GP partners, one salaried GP and one career start GP (four male, two female). The practice employs a practice manager, an assistant practice manager, two practice nurses, a health care assistant and eight staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is:

- An approved training practice; where qualified doctors gain experience in general practice.
- Registered to participate in clinical research, however, the practice are not currently active in any clinical trials.

Springwell Medical Group is open at the following times:

- Monday 8am to 8:15pm.
- Tuesday and Thursday 8am to 6pm.
- Wednesday and Friday 8:30 am to 6pm.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at Springwell Medical Group at the following times:

- Monday 8:30am to 12:30pm and 3pm to 8pm
- Tuesday 8:30am to 12:15pm and 1pm to 4:50pm
- Wednesday 8:30am to 12:15pm and 12:30pm to 5:30pm
- Thursday 8:30am to 12:15pm and 2pm to 5:30pm
- Friday 8:30am to 12:15pm and 1:30pm to 4:50pm

Extended hours appointments are available on a Monday between 6:30pm and 8:15pm with a GP or healthcare assistant.

The practice is part of NHS Sunderland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

# Detailed findings

The proportion of patients with a long-standing health condition is above average (60.7% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is in line with the average (62.8% compared to the national average of 61.5%). The proportion of patients who are unemployed above average (6.8% compared to the national average of 5.4%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included four GPs, the practice manager, a nurse and two members of the reception team. We spoke with six patients who used the service, including two members of the patient participation group (PPG).
- We spoke with one member of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice did not have a formal significant event policy in place at the time of the inspection. The practice told us that they would develop a policy based on their existing practice which had worked well.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. For example, following a significant event with a patient receiving end of life care the practice reflected on how best to learn from this event and updated their procedures. This prevented a similar incident occurring the following year, and improved the care of the patient and their family.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safety alerts received. These were received via a generic email box which was monitored on a daily basis. They were then forwarded to clinicians for appropriate action. A copy of any alerts that affected the practice was also printed and placed in a folder with a note of any actions taken. An attached pharmacist reviewed all drugs safety alerts

### 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. We found that:

- 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 adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training appropriate to their role. Infection control and hand washing audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, additional items were ordered when required. However, some consulting rooms were carpeted. We were told the practice limited the use of these rooms for taking clinical samples when possible but it was not possible to guarantee this when the practice was busy. This could present a risk in respect of the spread of infection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use of electronic prescription forms. The practice did not have a process in place to monitor the use of blank

## Are services safe?

prescription pads. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella that were carried out by NHS

Property Services. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice kept informal records of the checks completed by NHS Property Services.

- All electrical equipment was checked to ensure it 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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency. Panic buttons were fitted in clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

# 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice discussed guidelines at regular clinical meetings and ensured some of the clinical audits they undertook were linked to NICE guidance.

### 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 99.2% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 95.7% and the national average of 94.8%. At 7.5 %, their clinical exception-reporting rate was 3.3% below the local CCG average and 1.7% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was above average (99.7% compared to the national average of 89.2%).
- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%).
- Performance for the heart failure related indicators was above average (100% compared to the national average of 97.9%).
- Performance for the dementia related indicators was above average (100% compared to the national average of 94.5%).

- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 13 of the 19 clinical domains, including the learning disability, depression and rheumatoid arthritis domains.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of seven clinical audits completed in the last two years. For example, one that looked at patients' attendance at learning disability health checks. The first audit in 2013 showed that no patients on the learning disability register had been offered or attended a health check. New processes and procedures were implemented and at the re-audit in 2014, 81% of eligible patients had been offered a health check and 61% had attended. At a third audit in April 2016 the practice were able to show that 83% of eligible patients had attended for a health check, this was an increase of 83% in 3 years. They had also completed a two-cycle clinical audit that looked at wound infections following minor surgery carried out at the practice. The initial audit in 2011 demonstrated 100% of patients had no wound infections following the procedure against a target of 98%. Despite this good outcome, additional training was completed to support continuing clinical effectiveness. The re-audit in 2012 showed that only 2.6% of patients had wound infections following the procedure, these were influenced by patient actions. Following this audit further training was completed which introduced a new biopsy procedure. The last audit in 2015 showed that 1.56% of patients had wound infections.
- The practice participated in clinical commissioning group (CCG) medicines optimisation work.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical

# Are services effective?

## (for example, treatment is effective)

screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.

- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Nursing staff were able to attend a local nurse forum. All staff had received an appraisal within the last 12 months.
- The practice demonstrated their commitment to the training and development of staff. For example, one of the administrative staff had been trained to provide the smoking cessation advice at the practice. Another had been trained to be a phlebotomist.

### 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 and intranet systems.

- This included 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 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, when they were referred or, after they were discharged from hospital.
- Weekly integrated care meetings had been recently introduced as part of a local GP alliance project; this meeting included attached staff such as district nurses and the community matron. At these meetings, patients were discussed and comprehensive care plans were developed. These meetings ensured patients received

coordinated care to help them avoid admission to hospital. High risk patients (and their families/carers when appropriate) were encouraged to be involved in developing their care plans and were given a paper copy to keep. Emergency Health Care Plan (EHCPs) were developed when appropriate.

- The practice also held quarterly palliative care meetings. Continuity of care for patients requiring end of life care was supported by the use of a buddy system for palliative care patients. When the regular GP was not available, this ensured an effective handover and supported patients and their carers. Care plans, which included decisions about end of life care, were developed with the involvement of palliative care patients and their families/carers.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation. This was provided by the healthcare assistant, and one of the administrative staff who have undertaken additional training.
- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

## Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80.3%, which was slightly below the local average of 81.7% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

years old ranged from 93.8% to 100% (CCG average 96.2% to 98.9%). For five year olds rates ranged from 98.9% to 100% (CCG average 31.6% to 98.9%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Administrative and nursing staff had undertaken equality and diversity training.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice had responded to patients concerns about privacy at reception. For example, the waiting area chairs had been rearranged so that they faced away from the reception desk and music was played in the area.
- They were part of the Sunderland Safe Place scheme; this is a scheme for all vulnerable people and not limited to patients at the practice. Vulnerable people can ask for support and advice at any location that is part of the scheme.

We reviewed 35 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was excellent and that they staff at the practice very caring and helpful.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

- 97% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 82% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 89%, national average 89%).
- 90% said the GP they saw or spoke to gave them enough time (CCG average 87%, national average 87%).
- 88% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 99% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 95% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice in May 2016, showed that 100% of patients from seven respondents said they would be extremely likely or likely to recommend the service to family and friends.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

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



## Are services caring?

- A hearing loop was available on reception for patients who were hard of hearing.

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

The practice told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations

and referred patients when appropriate. The practice had identified 220 of their patients as being a carer (3.45% of the practice patient population). 26% had had a carers health check completed in the last year (2015/2016 data, which had not yet been verified or published).

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card, the practice would offer support in line with the patient's wishes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who are in vulnerable circumstances or who have complex needs.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- The practice recognised the needs of patients who had been prescribed addictive medication such as benzodiazepines and provided an effective support process that enabled patients to reduce or stop the use of these drugs. New patients who were taking these medicines were expected to undertake a reduction programme. This was a long-term project by the practice. Over the last five years, eight new patients had signed up for this programme, 63% of these patients completed the programme and ceased taking this medicine. The practice had undertaken work for reduce the number of its patients on these medicines since 2005.
- The practice recognised the specific needs of a wide range of vulnerable patients. They had identified a wider cohort of patients who may be in need of additional monitoring and support but were not part of any formal safeguarding process. These patients were discussed at quarterly meetings attended by the attached staff such as the health visitor. The practice kept records of any actions required and put in place support for these patients when required.
- Patients' individual needs and preferences were central to the planning and delivery of services. The services were flexible, provide choice and ensure continuity of care.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics. For example, for patients diagnosed with diabetes, coronary heart disease, and to provide childhood immunisations and minor surgery.
- The practice was part of a local scheme to provide extended ECG monitoring of patients. The practice was a 'hub', which meant that other practices could refer their patients to this service. This service aimed to reduce the number of referrals to secondary care.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Patients told us that appointments were available when required.
- Extended hours appointments were available on a Monday between 6:30pm and 8:15pm with a GP or healthcare assistant.
- Patients were able to receive travel vaccinations that were available on the NHS. The practice was also a designated yellow fever vaccination centre.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- Staff had undertaken 'dementia friends' training and as part of a local initiative the signs in the practice were 'dementia friendly' to support accessibility for people with dementia.
- The practice provided contraceptive services.
- Patients were able to access external support services at the practice.
- Staff ensured that patients who found it stressful to attend when the practice was busy were seen when the practice was quiet or were offered a separate waiting area.
- The practice had an in-house counselling service for patients; as part of a local initiative, they used the services of trainee counsellors to reduce the waiting time for appointments.



# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open at the following times:

- Monday 8am to 8:15pm.
- Tuesday and Thursday 8am to 6pm.
- Wednesday and Friday 8:30 am to 6pm.

Appointments were available at the practice at the following times:

- Monday 8:30am to 12:30pm and 3pm to 8pm
- Tuesday 8:30am to 12:15pm and 1pm to 4:50pm
- Wednesday 8:30am to 12:15pm and 12:30pm to 5:30pm
- Thursday 8:30am to 12:15pm and 2pm to 5:30pm
- Friday 8:30am to 12:15pm and 1:30pm to 4:50pm

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Extended hours appointments were available on a Monday between 6:30pm and 8:15pm with a GP or healthcare assistant.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 89% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 76%).
- 90% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 81% patients said they able to get an appointment or speak to someone last time they tried (CCG average 82%, national average 85%).
- 65% feel they normally don't have to wait too long to be seen (CCG average 62%, national average 58%).
- 79% describe their experience of making an appointment as good (CCG average 75%, national average 73%).

Patients told us they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by gathering information from the patient when they called to request an urgent appointment or a home visit, a GP then contacted them to gather additional information. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

We also spoke with six patients during the inspection. Patients told us that routine and urgent appointments were always available when required. On the day of the inspection, there was a routine appointment with a doctor or a nurse available on the next day.

## Listening and learning from concerns and complaints

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

- The 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; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet and on the practice website.
- An online contact form was available on the practice website, the practice manager responded to these forms.

We looked at a two of the five complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about a follow-on prescription the practice had updated their prescribing processes to make sure the issue did not occur again.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice aims and objectives included 'to treat patients as individuals and with respect and dignity as we would wish to be treated ourselves' and to 'provide a high quality service for all our population groups'.
- The practice had a mission statement 'to provide a high quality service in a safe, friendly and caring environment, whilst ensuring safety, education and support for all staff'. The mission statement was visible in the practice and staff we spoke to were aware of its ethos.

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding and Quality and Outcomes Framework (QOF) areas. An ad hoc QOF newsletter was produced by the QOF lead that noted changes to QOF requirements and practice performance. The management of the practice had a comprehensive understanding of the performance of the practice.
- Practice specific policies were implemented and were available to all staff. However, the practice did not have a formal significant event policy. The practice told us that they would develop a policy based on their existing practice which had worked well.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of the inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The practice held regular meetings. For example, the practice manager and the reception team met each month. The newly expanded nursing team had recently initiated regular meetings. Each Monday the practice held a meeting that was attended by clinical staff and practice management. Items discussed each week include recently deceased patients, shared learning from training, safety alerts, patient issues and patients requiring end of life care. The practice told us that this regular meeting supported the effective management of the practice and ensured all issues were promptly acted upon.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams. During the inspection we saw that staff and the management of the practice had strong working relationships.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

- The practice had gathered feedback from patients through their patient participation group (PPG), surveys and complaints received. The practice had a virtual PPG

# Are services well-led?

Good 

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

that had recently met for the first time and agreed to create a formal PPG that would meet regularly in addition to the virtual group that had regular contact with the practice. The practice had responded to suggestions made by the virtual group, for example they now displayed information in the waiting area when surgeries were running late. The practice manager had recently attended a local event on how to develop an effective PPG.

- The practice carried out an annual patient survey and took action to address concerns when possible. For example, they had rearranged the reception area and waiting room to improve patient confidentiality. The patient survey was reviewed and updated following suggestions from the virtual patient participation group.
- The practice had gathered feedback from staff through staff meetings, appraisal and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example:

- The practice was part of a local scheme to provide extended ECG monitoring of patients. The practice was a 'hub', which meant that other practices could refer their patients to this service. This service aimed to reduce the number of referrals to secondary care.
- The nurse organised a quarterly clinical educational meeting to ensure clinicians were up to date with relevant clinical developments and best practice. Speakers had included cardiology and diabetes specialists.