

Pennywell Medical Centre

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?

Requires improvement 

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 Pennywell Medical Centre on 21 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 report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed with the exception of infection control. The practice had not completed an infection control audit in the last two years.
- 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.

- The majority of 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.
- Urgent appointments were usually available on the day they were requested. The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice did not have any permanent GP staff. Over the last 10 months, locum and temporary GPs had covered clinical sessions. Although the practice was able to provide clinical care, patients expressed concerns about the lack of continuity of care, and access to a named GP. The practice was actively recruiting permanent GPs; however, they had not managed to recruit at the time of our inspection.

Summary of findings

- The practice had a number of policies and procedures (provided by the provider) to govern activity, however, some were overdue for review.
- The provider was aware of and had complied with the requirements of the Duty of Candour regulation.

There is one area where the provider must make improvements:

- Improve the approach to clinical audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality of the service.

There are three areas where the provider should make improvements:

The provider should:

- Put in place appropriate arrangements to monitor and review the effectiveness of the practice infection control arrangements.
- Review the management of complaints at the practice, verbal complaints should be recorded in line with their agreed complaints policy.
- Review the policies and procedures in place at the practice.

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 to prevent the same thing happening again.
- 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 safely alert system and safeguarding leads were in place.
- Risks to patients were assessed and well managed. However, the practice had not completed an infection control audit in the last two years.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- 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 at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98% of the points available. This was above the local average of 96% and the national average 94%. For 15 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- There was insufficient evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The Practice Manager had completed Mental Capacity Act training,. However, none of the remaining staff, including the Lead GP, had undertaken Mental Capacity Act training
- There was evidence of appraisals and personal development plans for staff.

Summary of findings

- Staff worked with multidisciplinary teams 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.

- Data from the National GP Patient Survey showed that patients rated the practice generally above national averages. For example, results showed that 93% of respondents said the last GP they saw or spoke to was good at listening to them, compared to 91% nationally. 93% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a carers' champion who supported carers and acted as a key contact for carer information at the practice.
- Information for patients about the services available was available.
- We also saw that staff treated patients with kindness and respect, and they maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- 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 the practice responded quickly when issues were raised. However, the practice did not always record the verbal complaints received in line with their agreed policy.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. However, some of the policies and procedures provided by the provider were overdue for review.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice encouraged a culture of openness and honesty. They 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 that 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. The patient participation group was active.

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 its population.
- All patients over the age of 75 had a named GP.
- Patients over the age of 75 and carers were offered an annual health check.
- 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 varied. For example, the practice had achieved 90% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 9% below the local clinical commissioning group (CCG) average and 8.2% below the national average. However, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with COPD (chronic obstructive pulmonary disease). This was 3.9% above the local clinical commissioning group (CCG) average and 4% above the national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority for care and support by the practice.
- The practice pharmacist provided medicine reviews for patients.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 6.5% above the local CCG average and 10.8% above the national average.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Families, children and young people

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

Good



- 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. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% (CCG average 96% to 100%) and for five year olds ranged from 83% to 98% (CCG average 32% to 99%).
- Urgent appointments for children were available on the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 good. 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's uptake for cervical screening was 86%, which was above the local CCG and national averages of 82%.
- The practice provided a full range of contraceptive services and held regular 'well women' and 'well man' clinics at the practice.

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, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available each Monday evening until 7:30pm with an advanced nurse practitioner.
- Patients could order repeat prescriptions and book appointments on-line.
- Text message appointment reminders were available.
- Telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's, travel vaccinations and minor surgery were provided.
- The practice website provided a wide range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if required.
- 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. Information for carers was available on the practice's website and the practice had a carers' champion who supported carers and acted as a key contact for carer information at the practice.

Summary of findings

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 practice held a register for patients experiencing poor mental health and had identified nearly 1% of their patient population as requiring inclusion. Patients attending for a new patient health check were asked if they had any mental health issues, they were then referred to appropriate support if required.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 96% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was above the local CCG average of 92% and the national average of 93%.
- Nationally reported data showed that outcomes for patients with dementia were below average. The practice had achieved 77% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was below the local CCG average of 96% and the national average of 95%. Only 75% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is 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. Local mental health support services were available at the practice on a regular basis.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had been awarded the dementia friends accreditation.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in July 2015, showed the practice was performing both above and below local and national averages. There were 447 forms sent out and 75 were returned. This is a response rate of 17% and represented 2.6% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone (CCG average of 79%, national average of 73%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 74% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).
- 92% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).

- 91% said the last appointment they got was convenient (CCG average 93%, national average 92%).

We reviewed 40 CQC comment cards, 29 of which were positive about the standard of care received. They described the practice staff as caring and very helpful and said the practice was clean. However, 11 patients expressed concerns regarding access to appointments, for example, having to wait for over a week for an appointment or not being able to see the same doctor when they wanted too.

We spoke with eight patients during or, shortly after the inspection, including three members of the patient participation group. Some of these patients told us that it was not always easy to make an appointment with a doctor when they needed one, and it was not always possible to see the GP they wanted.

Areas for improvement

Action the service **MUST** take to improve

There is one area where the provider must make improvements:

- Improve the approach to clinical audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality of the service.

Action the service **SHOULD** take to improve

There are three areas where the provider should make improvements:

The provider should:

- Put in place appropriate arrangements to monitor and review the effectiveness of the practice infection control arrangements.
- Review the management of complaints at the practice, verbal complaints should be recorded in line with their agreed complaints policy.
- Review the policies and procedures in place at the practice.

Pennywell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a second CQC inspector.

Background to Pennywell Medical Centre

Pennywell Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice is located in the Pennywell area of Sunderland.

The practice provides services to around 2,800 patients from one location:

- Pennywell Medical Centre, Portsmouth Road, Sunderland, Tyne and Wear, SR4 9AS.

We visited this address as part of the inspection.

Pennywell Medical Centre is based in purpose built premises that are shared with external community services. All reception and consultation rooms are fully accessible and on one level. There is on-site parking and disabled parking. A disabled WC is available.

The provider of the service is Intrahealth, a corporate provider of NHS primary care services. The practice has a temporary part-time and two locum GP's (all male). The practice employs a practice manager, two pharmacists, two advance nurse practitioners, one senior primary care nurse, a healthcare assistant, four staff who undertake

administrative or reception roles and an apprentice administrator. The practice provides services based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

Pennywell Medical Centre is open at the following times:

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

The telephones are answered by the practice during these times.

Appointments are available at Pennywell Medical Centre at the following times:

- Monday 8am to 1pm and 1:30pm to 7:30pm.
- Tuesday to Friday 8am to 1pm and 1:30pm to 6pm.

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 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 74 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.

The proportion of patients with a long-standing health condition is above average (56% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (50% compared to the national average of 60%). The proportion of patients who are unemployed is above average (19% compared to the national average of 6%).

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

Detailed findings

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 21 January 2016.

During our visit we:

- Spoke with a range of staff. This included a locum GP, the practice manager, a practice pharmacist, an advance nurse practitioner, the senior primary care nurse, the health care assistant, two receptionists and the apprentice administrator. We also spoke with the organisations' registered manager, medical director and the local operations manager. We spoke with eight patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 40 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, following a significant event when the telephone system had not been transferred to the out-of-hours provider, a new end-of-day closure procedure was implemented to support staff.
- The practice manager reported all significant events each month to the provider (Intrahealth) where they were discussed at board level to provide additional oversight of the issues raised.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enables staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG could identify any trends and areas for improvement.
- The provider was aware of, and complied with, the requirements of the Duty of Candour regulation. The partners encouraged a culture of openness and honesty. They had robust systems in place for knowing about notifiable safety incidents. When there were unexpected, or unintended safety incidents, the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of the weekly clinical meeting where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff were provided with the opportunity to review their practice and were reminded of the appropriate guidance to follow when errors were made.

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 practice's 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; however, the lead GP was only available at the practice one afternoon each week. The practice manager was the deputy lead for safeguarding and they were available each day. The GPs attended safeguarding meetings when possible 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.
- A notice in the waiting room 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 the premises were clean and tidy. The practice nurse was the infection control clinical 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 relevant training. However, the practice had not undertaken an audit of their infection control procedures within the last two years. We were told the practice nurse had recently taken on the role of infection control lead. The practice nurse had already introduced new cleaning logs to monitor the cleaning of the clinical rooms. Staff assured us that an infection control audit would be completed promptly following the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed three personnel files and found the practice had undertaken appropriate recruitment checks 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. The practice had an up-to-date fire risk assessment and carried out regular fire drills. The practice checked all electrical equipment to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had commissioned an external health and safety assessment in October 2015. The report stated the practice managed health and safety to a satisfactory standard. It made several recommendations, for example, that the Group's health and safety policy required review. The practice manager told us that they planned to review the outcome of the assessment to fully address the recommendations. However, they had not been able to prioritise this work due to the impact of clinical staff shortages at the practice. The practice had a variety of other risk assessments in place to monitor the 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 and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff

were on duty. When the practice was short of staff, arrangements were in place for the provider to make available the additional staff required and, the clinical director was able to review results remotely should this be required. The practice employed advanced nurse practitioners who were able to prescribe some medicines for patients. Since March 2015, the practice had not been able to provide any permanent GPs to work at the practice. At the time of inspection, a part time salaried lead GP was employed for five hours each week and two part time locum GPs were employed. The salaried GP was providing temporary management support, until permanent GPs could be recruited. They were based at another of the providers' locations most of the working week. Practice staff appreciated the local knowledge and understanding of practice policies and procedures of one of the locum GPs, who had previously worked as a salaried GP. However, the high use of locums impacted negatively on the continuity of care patients received. For example, patients told us that it was difficult to see the same GP when they wanted to. The practice was actively recruiting salaried GP's at the time of the inspection but they had not yet been successful.

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 which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines 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 defibrillator, and oxygen with adult and children's masks were available, in one of the treatment rooms. A first aid kit and accident book was available.
- The practice had a comprehensive risk based business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.

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% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 96% and the national average of 94%. At 15.4%, their clinical exception-reporting rate was 4.6% above the local CCG average and 6.2% above 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 indicator was above average (100% compared to the CCG average of 94% and the national average of 89%). For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%, compared to the national average of 88%.
- Performance for the mental health related indicator was above average (96% compared to the CCG average of 92% and the national average of 93%). For example, the percentage of patients with physical and/or mental health conditions, whose notes included a record of their smoking status in the preceding 12 months, was 98%, compared to the national average of 94%.

- Performance for the dementia related indicator was below average (77% compared to the CCG average of 96% and the national average of 95%). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79%, compared to the national average of 94%.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 15 of the 19 clinical domains, including the asthma, cancer and depression domains.

There was insufficient evidence that clinical audit activity was driving improvements in patient outcomes.

- The practice was only able to provide details of one clinical audit where they were able to demonstrate improved outcomes for patients. This was undertaken in 2014. The practice did not provide us with any other evidence of clinical audit activity. (Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice. Ideally, a clinical audit is a continuous cycle that is continuously measured with improvements made after each cycle.) The information the practice provided did not meet this standard.
- The practice participated in the medicines optimisation work led by the local CCG and reviewed prescribing practice as part of this 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, including locums. 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, updates for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate

Are services effective?

(for example, treatment is effective)

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, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and the local CCG's monthly training programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored and staff informed when they needed to undertake training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had an appraisal within the last 12 months or an appraisal had been scheduled.

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. We saw evidence that multi-disciplinary team (MDT) meetings took place on a regular basis. For, example quarterly meetings were held that discussed patients on the palliative care register and patients diagnosed with cancer.

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.
- The Practice Manager had completed Mental Capacity Act training. However none of the remaining staff, including the Lead GP, had undertaken Mental Capacity Act training.

Supporting patients to live healthier lives

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

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice provided in-house smoking cessation support.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG and national averages of 82%. There was a policy to offer written 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% to 98% (CCG average 96% to 100%), and for five year olds ranged from 83% to 100% (CCG average 32% to 99%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

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.

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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of Care Quality Commission comments cards we received were positive about the care and treatment they received from the practice. Patients reported that they received good care; staff were polite, friendly and caring and treated them with dignity and respect.

Results from the National GP Patient Survey, published in July 2015, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were mostly higher, when compared to the local and national averages. For example:

- 93% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 90% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 91% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 98% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

Care planning and involvement in decisions about care and treatment

The majority of 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 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally above local CCG and national averages.

For example:

- 93% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 93%, national average 90%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. For example, information to support carers was available on the practice website and in the waiting area. The practice had a carer's champion. The carers champion was a member of staff who supported carers and acted as a key contact for carer information at the practice. The practice had identified about 2% of the practice list as carers. The practice also had a young carer's policy in place and referred carers to appropriate support and advice services in the local area.

Are services caring?

Staff told us that if families experienced bereavement the practice sent a condolence card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

The practice was aware of the needs of their practice population and worked to provide services that reflected their needs. For example:

- 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.
- Extended hours appointments were available each Monday evening until 7:30pm with an advanced nurse practitioner.
- There were longer appointments available for patients with a learning disability, patients with long term 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 were able to receive those travel vaccinations that were available on the NHS.
- There was a practice based anti-coagulation clinic where patients prescribed warfarin can have their blood checked to see if their medication needs to be changed.
- There were disabled facilities and translation services were available. A hearing loop had also been fitted.

Access to the service

Pennywell Medical Centre was open at the following times:

- Monday 8am to 8pm.
- Tuesday to Friday 8am to 6:30pm.

When the practice was closed patients were directed to the NHS 111 service. This information was available on the practice's telephone message, website and the practice leaflet.

Appointments were available at Pennywell Medical Centre at the following times:

- Monday 8am to 1pm and 1:30pm to 7:30pm.
- Tuesday to Friday 8am to 1pm and 1:30pm to 6pm.

Results from the National GP Patient Survey, published in July 2015, showed that patients' satisfaction with how they could access care and treatment was both above and below local and national averages.

- 86% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 75%).
- 92% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 76% patients said they able to get an appointment or speak to someone last time they tried (CCG average 84%, national average 85%).
- 61% feel they normally don't have to wait too long to be seen (CCG average 65%, national average 58%).

A notice in the waiting area highlighted the feedback that they had received from patients. Patients had told the practice that it was difficult to get an appointment and that they had to wait too long for appointments. The practice had responded and told patients that they were trying to improve the appointment system.

Eleven of the CQC comments cards we received were negative about the service experienced. They said, for example, that it was difficult to make an appointment with a GP when they needed to. We also spoke with eight patients during or shortly after the inspection. Most of these patients told us that it was difficult to make a routine appointment but that urgent appointments were usually available.

The practice did not have any permanent GP staff and temporary and locum GPs had covered clinical sessions for almost ten months. The practice was working to recruit permanent GPs when we inspected but this had not been achieved at the time of the inspection. The provision of permanent GPs would support continuity of care for patients.

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.

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

- The practice manager was the designated responsible person who handled all complaints in the practice, the principle GP provided clinical oversight.
- The practice manager reported all complaints each month to the provider (Intrahealth) where they were discussed at board level to provide additional oversight of the issues raised.
- 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. The practice website also provided a link so that patients could easily contact the practice with a comment or complaint.

We looked at four of the complaints received in the last 24 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 to as a result to improve the quality of care. For example, staff were provided with the opportunity to review their practice and were reminded of the appropriate guidance to follow when errors were made. However, the practice was not recording all verbal complaints they received in line with their agreed policy.

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 provider had a clear vision to deliver high quality care and promote good outcomes for patients which was devolved to the practice. This was 'a community where every patient matters and their personal health needs are fulfilled by caring, dedicated teams and a leading innovative provider of health services.' The provider also had a clear set of values that they also devolved to the practice. They included 'taking responsibility, hardworking, integrity, fairness and honesty.'

Staff we spoke with showed that they shared these values; we saw that staff were caring and patient focused. The practice had recently started to work with the Sunderland GP Alliance.

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 and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A weekly professional development meeting was held weekly; we saw minutes that showed this meeting discussed key areas such as significant events, complaints and case management.
- The providers policies and procedures were available and these were easily accessible to staff. However, not all were up to date. For example, the customer/client complaints handling policy and the recruitment and selection policy and procedure had been scheduled for review in April 2013; this had not been completed by the provider.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, clinical audit was not used to monitor quality and make improvements.

Leadership and culture

The practice had a documented leadership structure from the provider as a corporate organisation that set out the clinical and organisational responsibilities of staff. The staff we spoke to were all clear about their own roles and responsibilities. The practice manager was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice manager was supported by the local operational manager who met with the practice manager most weeks to provide support and advice.

- Staff told us the practice held regular team meetings and we saw minutes of meetings that confirmed this.
- All of the staff we spoke with told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and, that support was also available from the provider. All staff were involved in discussions about how to run and develop the practice, and the provider and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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:

- Their patient participation group (PPG), surveys and complaints received. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. For example, members of the PPG told us that the practice manager contacted them regularly and had asked for their feedback on a change to the appointments system which they had acted on.
- Staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

We were satisfied that the systems they had in place for learning from significant events was satisfactory and showed evidence of continuous improvement. The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against

national screening programmes. However, it was difficult for practice to achieve a comprehensive track record of continuous improvement when the evidence that outcomes for patients were driven by planned and structured programme of clinical audits, was absent.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided.</p> <p>There was no effective program of clinical audit to evaluate and improve outcomes for service users.</p> <p>This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	