

Westbourne Medical Group

Quality Report

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Date of inspection visit: 16 August 2016
Date of publication: 17/10/2016

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	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

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 Westbourne Medical Group on 16 August 2016. Overall, the practice is rated as outstanding.

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. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. They had also increased access to health advice for young people, including sexual health, by delivering a confidential clinic for young people outside normal school and work hours.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example they worked with local

support organisations for veterans and people with learning disabilities to help improve patient outcomes. The practice had high levels of commitment and invested time and resource to helping to improve the health of the local community.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

We saw several areas of outstanding practice; in particular, we found there was a strong focus within the practice on identifying and improving outcomes for patients who may otherwise be at risk of poor access to primary care or poor health outcomes. For example:

People with learning disabilities

- The practice had identified poorer outcomes were achieved for patients with learning disabilities across the Sunderland area and put an action plan in place to address this. As a result of action taken both the number of identified patients with learning disabilities and the number attending for an annual health check had shown a year on year improvement. The practice put a high value on enabling people with learning disabilities to gain life skills. The practice manager had volunteered their time and delivered cardiopulmonary resuscitation (CPR) and emergency first aid training to two groups of people with learning disabilities, through a local support organisation. The practice had supported young people with learning disabilities or autism to access short and long term work opportunities within the practice. The practice had been designated a safe place for vulnerable people, including people with learning disabilities.

Families, children and young people

- The practice had recently initiated, along with other practices in the locality, an 'Eat well and let's be fit' scheme to tackle childhood obesity. The practice had produced packs which included helpful information, healthy eating sticker charts, lunch bag and water bottle. This initiative was at an early stage, but the practice planned to evaluate it in the future. The practice, along with a neighbouring practice, had worked with local schools and involved children and young people in the development of the pack. To help prevent unplanned pregnancy and to reduce the risk of sexually transmitted disease the practice held a confidential young person's clinic every week in conjunction with another local practice.

Veterans of the armed forces

- The practice had taken action to increase the identification of veterans locally, to ensure they had access to appropriate health and support.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed 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.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. Clinical audits demonstrated quality improvement. There was a high level of audit and evaluation taking place within the practice.
- Data showed that the practice was performing highly when compared to practices nationally.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice had identified an area for improvement and put steps in place to support patients with learning disabilities to have good access to health care, both within the practice population and across the Sunderland area.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points.

Outstanding



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had achieved Investors in People (IIP) gold award in 2015. (IIP is an internationally recognised accreditation scheme to support better people management.)
- 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 patients' needs.
- Data showed high rates of conception to women aged under 18 in the Sunderland area. To prevent unplanned pregnancy and to reduce the risk of sexually transmitted disease the practice provided a confidential clinic for young people, which was open outside school and normal work hours.

Are services caring?

The practice is rated as outstanding for providing caring services.

- We found the practice demonstrated a great deal of compassion and empathy for their patients, particularly for those who may otherwise be at risk of poor access to primary care or poor health outcomes. The practice took active steps to ensure they were equipped to meet the needs of these patients, and planned and delivered innovative solutions to improve health outcomes. They did this in a way that demonstrated respect for and supported patients' dignity.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice maintained a register of patients who were veterans of the armed forces. This helped the practice to direct them to sources of specialist help and support, and also identify where they would have priority access to NHS hospital care for any condition related to their service.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. They worked closely with the clinical commissioning group to identify opportunities to improve both as a practice, but also as a locality. The practice demonstrated they were leaders in their area for developing and implementing initiatives and projects. For example, the practice along with other practices in the locality, had initiated a project to tackle childhood obesity and support families to be healthy. They worked with local support organisations for veterans and people with learning disabilities to help improve patient outcomes.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered extended hours on a Monday morning from 7am for working patients who could not attend during normal opening hours. The practice opened until 7.30pm on alternate Wednesdays to offer a Young Person clinic outside normal school and working hours. The practice was a designated Yellow Fever Vaccination Centres and offered this vaccine to anyone who wishes to access this service, including patients from other practices.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had been designated a safe place for vulnerable people, including people with learning disabilities.

Are services well-led?

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

- We found leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. There was a strong focus within the practice on identifying and improving outcomes for patients who may otherwise be at risk of poor access to primary care or poor health outcomes. The practice had high levels of commitment and invested time and resource to helping to improve the health of the local community.
- The leadership team drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated.

Outstanding



Summary of findings

- We found the practice took a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- We found the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had instigated a number of clinical commissioning group (CCG) wide projects to improve outcomes for people locally.

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 outstanding for the care of older people. There were aspects of the practice which were outstanding and this related to all population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- The practice was part of the local vanguard scheme to support vulnerable and frail older people to keep well and healthy, by care planning and regular visits by GPs and nurses into the community. As part of this project the lead GP from the practice had spent time in local care homes, and had used the opportunity to train and upskill care staff.

Outstanding



People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions. There were aspects of the practice which were outstanding and this related to all population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Outstanding



Summary of findings

- The practice nurses visited housebound patients with long term conditions to review their health and administer vaccination, such as during the influenza season.

Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. There were aspects of the practice which were outstanding and this related to all population groups.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 83.9%, which was higher than the national average of 81.8% and the CCG average of 81.7%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Data showed high rates of conception to women aged under 18 in the Sunderland area. To prevent unplanned pregnancy and to reduce the risk of sexually transmitted disease t
- The practice had achieved 'You're Welcome' accreditation. Participation in the scheme demonstrates that practices have actively listened and developed a service based around the needs of young people.
- The practice had recently, along with other practices in the locality, initiated an 'Eat well and let's be fit' scheme to tackle childhood obesity. The practice had produced packs which included helpful information, healthy eating sticker charts, lunch bag and water bottle. This initiative was at an early stage, but the practice planned to evaluate it in the future. The practice, along with a neighbouring practice, had worked with local schools and involved children and young people in the development of the pack.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working age people (including those recently retired and students). There were aspects of the practice which were outstanding and this related to all population groups.

- 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 and flexible. Extended hours surgeries were offered on a Monday between 7am and 8am, and for the young person clinic fortnightly on a Wednesday until 7.30pm for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations. The practice was a designated Yellow Fever Vaccination Centres and offered this vaccine to anyone who wishes to access this service, including patients from other practices.
- The practice provided medical services to a people working on a local film production.

Outstanding



People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. There were aspects of the practice which were outstanding and this related to all population groups.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice was a designated safe haven for vulnerable people, including people with learning disabilities.
- The practice had taken action to increase the identification of veterans locally, to ensure they had access to appropriate health and support.
- The practice put a high value on enabling people with learning disabilities to gain life skills. The practice manager had volunteered her time and delivered cardiopulmonary resuscitation (CPR) and emergency first aid training to two groups of people with learning disabilities, through a local support organisation. The practice had supported young people with learning disabilities or autism to access short and long term work opportunities within the practice.

Outstanding



Summary of findings

- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Improved arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). There were aspects of the practice which were outstanding and this related to all population groups.

- 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.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They 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 people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.

Outstanding



Summary of findings

What people who use the service say

The latest GP Patient Survey published in July 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 80%). However, this was lower than the local clinical commissioning group (CCG) average of 86% and the England average at 85%. There were 260 survey forms distributed for Westbourne Medical Group and 111 forms were returned. This is a response rate of 43% and equated to 1.7% of the practice population.

Of those patients who responded:

- 74% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 77% and a national average of 78%.
- 68% found it easy to get through to this surgery by phone. This compared with a CCG average of 79% and a national average of 73%.
- 82% found the receptionists at this surgery helpful. This compared with a CCG average of 90% and a national average of 87%.
- 83% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 82% and a national average of 85%.
- 95% said the last appointment they got was convenient. This compared with a CCG average of 94% and a national average of 92%.
- 71% described their experience of making an appointment as good. This compared with a CCG average of 75% and a national average of 73%.
- 63% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 62% and a national average of 58%.

The practice had identified appointment availability as a reason for lower satisfaction levels and had taken action to address this. They had tried several initiatives to address these concerns. At the time of the inspection, the practice was using an approach where patients could

book routine appointments for GPs one week ahead. They planned to review if this decreased the number of patients not attending booked appointment and increased satisfaction levels with the practice overall.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 53 comment cards which were almost all positive about the standard of care received.

Respondents used phrases such as very good, excellent, supportive, caring clean and hygienic to describe the practice. They described staff as respectful, friendly and supportive. Patients commented they their healthcare needs were met by the practice, and this was in a timely way. Two cards included some concerns about the practice. One concern related to appointment availability and the other to an incident relating to the handling of a patient sample.

We spoke with ten patients during the inspection. The majority of patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient had historical concerns about the treatment their family member had received in the practice.

The practice published the results of the national friends and family test (FFT) on their website. (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). The results for 2016 showed the majority of patients who responded (638 out of 688, 92.7%) were either likely or extremely likely to recommend the service to family and friends. Of those who responded 2.6% were neither likely nor unlikely to recommend the practice; 2.8% were either unlikely or extremely unlikely to recommend the practice; and, 1.9% did not know.

Summary of findings

Outstanding practice

We saw several areas of outstanding practice; in particular, we found there was a strong focus within the practice on identifying and improving outcomes for patients who may otherwise be at risk of poor access to primary care or poor health outcomes. For example:

People with learning disabilities

- The practice had identified poorer outcomes were achieved for patients with learning disabilities across the Sunderland area and put an action plan in place to address this. As a result of action taken both the number of identified patients with learning disabilities and the number attending for an annual health check had shown a year on year improvement. The practice put a high value on enabling people with learning disabilities to gain life skills. The practice manager had volunteered their time and delivered cardiopulmonary resuscitation (CPR) and emergency first aid training to two groups of people with learning disabilities, through a local support organisation. The practice had supported young people with learning disabilities or autism to access short and long term work opportunities within the practice. The practice had been designated a safe place for vulnerable people, including people with learning disabilities.

Families, children and young people -

- The practice had recently initiated, along with other practices in the locality, an 'Eat well and let's be fit' scheme to tackle childhood obesity. The practice had produced packs which included helpful information, healthy eating sticker charts, lunch bag and water bottle. This initiative was at an early stage, but the practice planned to evaluate it in the future. The practice, along with a neighbouring practice, had worked with local schools and involved children and young people in the development of the pack. To help prevent unplanned pregnancy and to reduce the risk of sexually transmitted disease the practice held a confidential young person's clinic every week in conjunction with another local practice.

Veterans of the armed forces

- The practice had taken action to increase the identification of veterans locally, to ensure they had access to appropriate health and support.

Westbourne Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. An Expert by Experience is a member of the inspection team who have received care and experienced treatments from a similar service.

Background to Westbourne Medical Group

Westbourne Medical Group are registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 6,500 patients from two locations:

- Westbourne Medical Group, Kelso Grove, Houghton-le-spring, Sunderland, DH4 4RW
- Branch: Houghton Surgery, Church Street, Houghton Le Spring, DH4 4DN

We visited the main surgery as part of this inspection. The branch surgery is subject to a consultation process to close and at the time of the inspection no clinical services were provided from the branch.

Westbourne Medical Group is a medium sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the fourth most deprived decile. In general, people living in more deprived

areas tend to have greater need for health services. The average male life expectancy is 78 years, which is one year lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population is 70% compared to a national average of 54%).

The age demographics of patients in the practice area are similar to the England average.

The practice has one GP partner (female) and a partner practice manager. There are also two salaried GPs (female), a career start GP (female) and a long term locum GPs (female). The practice has two nurse prescribers (female), a practice nurse (female), a healthcare assistant (female), a phlebotomist, six administrative support staff, a modern apprentice, an apprentice healthcare assistant, two work placement students and a domestic staff member.

The practice is open between 7am to 6pm on a Monday and 8am to 6pm Tuesday to Friday. Extended hours surgeries are offered on a Monday between 7am and 8am, and for the young person clinic fortnightly on a Wednesday until 7:30pm.

Appointments are available on a Monday between 7am to 11:30am and 2.30pm and 5pm. From Tuesday to Friday appointments are available between 8.30am to 11.30am and 2.30pm to 5pm. Reception services are available from 7am to 6pm on a Monday and 8.30am - 6.00pm on other working days. The local CCG has commissioned the out of hours provider to provide services to the practice patient list between 6pm to 6:30pm.

Detailed findings

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

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

- Spoke with a range of staff (including the GP partner and partner practice manager, two salaried GPs, two nurse practitioners, a practice nurse, a healthcare assistant, the practice pharmacist and four reception and administrative staff) and spoke with patients who used the service. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.

- Observed how staff interacted with patients in the reception and waiting areas, and talked with patients, carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (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).
- 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 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. The provider also considered near misses and other events through this process to ensure they learnt from them.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice responded to a whistleblower concern and took appropriate action. The practice also reviewed the way they recorded information about patient allergies in response to a near miss incident to ensure this was appropriately coded so the information was available to all clinicians.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to children's safeguarding level three and practice nurses level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants and practice nurses to administer vaccinations after specific training when a doctor or

Are services safe?

nurse were on the premises. (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. PSDs are a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five 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.

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 in the reception office 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they worked well together to cover any absences. They told us the multiskilling of administration and reception staff helped when arranging cover.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Our findings at inspection showed 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Data showed that the practice was performing highly when compared to practices nationally. Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 98.7% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was slightly higher than the local clinical commissioning group (CCG) average of 95.7% and the England average of 94.8%. The practice had 11.5% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) The practice was aware their exception reporting was high in comparison to the CCG average of 10.8% and the England average of 9.2%. As a result they were checking the coding of patients was correct to ensure patients were offered appropriate advice and support. They told us they sent three letters inviting patient for review to encourage uptake before they noted the person as not attending for review.

This practice was not an outlier for any QOF clinical targets. They were an outlier on antibacterial prescribing. The practice had developed an action plan with the practice pharmacist to ensure they were optimising medicines. This

included the action they were taking to ensure their antibacterial prescribing was in line with comparators. The practice understood the reasons for their past performance and were taking appropriate action to address this.

Data from 2014/15 showed;

- For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. The practice achieved 93.7% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.8%, compared to a CCG average of 87.2% and a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 99.2%, compared to a CCG average of 93.8% and a national average of 94.5%.
- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 79.4%, this compared to a CCG average of 73.7% and a national average of 75.4%.
- The percentage of patients with hypertension having regular blood pressure tests within range was above the national average. 88.2% of patients had a reading measured within the last 12 months, compared to a CCG average of 83.7% and 83.7% nationally.
- The summary performance for mental health related indicators was higher than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For the practice, 96.2% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG



Are services effective? (for example, treatment is effective)

average of 86.9% and a national average of 88.5%. 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.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 93.5% (compared to a CCG average of 80.8% and a national average of 84%).

This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was similar to the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 14.8 compared to the national average of 14.6.

The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, in 2013, the practice identified generally only 5% of patients with a learning disability had a health check. They found Sunderland GP practices had the lowest performance on offering health checks for people with learning disabilities. They put in place a plan to increase the performance across the locality. This included :

- Simplifying the process for carrying out a health check;
- Initiating an increase in the number of GP practices in the Sunderland area who offered this service;
- Obtaining CCG funding for an education DVD, developed in conjunction with Newcastle Gateshead CCG, which showed patients with learning disabilities what to expect; and
- Putting in place processes to identify and code patients with a learning disability to increase uptake.

The practice had shown a steady increase in identification of patients and uptake of annual health checks for patients with learning disabilities over the last three years.

- In 2013 of the 29 patients with learning disabilities identified, 23 (79%) had received a health check.
- In 2014, this had increased with 47 patients identified and 43 health checks carried out.
- In 2015, a further increase was shown with 56 patients identified and 52 health checks carried out.

- In 2016, the practice maintained performance in this area with 50 of the 52 patients receiving a health check.

The practice told us a small number of these patients were residents of a local residential home for people with learning disabilities. The nurse practitioner and the healthcare assistant visited the home to undertake the health checks for these people. They told us they took this opportunity to talk with care staff and educate them on the importance of screening.

Prevalence data for people with learning disabilities indicated 0.61% of the population would have a learning disability. The data the practice shared with us for 2014-15 showed the prevalence for the practice was 0.86%.

Prevalence data is an indicator as to whether a practice is likely to have identified all patients with a condition, such as a learning disability, to ensure there were no unmet needs. In 2014-15 QOF the practice achieved 100% of the points available for providing services for patients with learning disabilities.

We also saw evidence to confirm that the practice used both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines to positively influence and improve practice and outcomes for patients. Clinical audits demonstrated quality improvement. There was a high level of audit and evaluation taking place within the practice.

- There had been 19 clinical audits completed in the last two years, the majority of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice ensuring they were treating patients with atrial fibrillation with appropriate anticoagulation medicines. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. Anticoagulation medicines work to prevent blood coagulation (clotting)).

Information about patients' outcomes was used to make improvements such as;



Are services effective?

(for example, treatment is effective)

- The practice used information about attendance at baby clinics to inform changes to appointment arrangements.
- They reviewed information about inadequate results on cervical cytology to ensure the service provided was effective.
- They reviewed information about patients leaving the practice list to determine if there was an issue with service satisfaction. They concluded patients were not leaving due to dissatisfaction.
- They audited use of statins in cardiovascular disease to ensure treatment was in line with national guidance.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had 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 access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

- The practice was awarded Investors in People (IIP) gold award in 2015. IIP is an internationally recognised accreditation scheme to support better people management.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The needs of the 2% of patients most at risk of hospital admission were reviewed on a fortnightly basis within the community.

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 process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.



Are services effective?

(for example, treatment is effective)

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, veterans, patients with learning disabilities and those requiring advice on their diet, smoking and alcohol. Patients were then signposted to the relevant service.
- A chiropodist and pharmacist were available on the premises and smoking cessation advice was available from practice staff.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.9%, which was higher than the national average of 81.8% and the CCG average of 81.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice audited the results of cervical smear tests to check the screening was effective and was within the target range. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mostly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 93.6% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 31.6% to 98.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 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.

Data from The Office for National Statistics showed high rates of conception to women aged under 18 in the Sunderland area. Quarterly data from June 2015 showed 40.1 conceptions per thousand women aged 15 to 17 in Sunderland. This compared to a level of 29 in the North East and 21.6 across England. To help prevent unplanned pregnancy and to reduce the risk of sexually transmitted disease the practice held a confidential young person's clinic every week in conjunction with another local practice. It was delivered on alternate Wednesdays from the practice, and alternate Mondays at the other practice location, between 5.30pm and 7.30pm. Information about the clinic was available on the practice website and on social media. The practice had analysed attendance at this service and found between 1 September 2015 and 31 March 2016, 26 patients had attended. The practice told us they had initial difficulties in getting funding for this service through normal commissioning arrangements for sexual health services. Despite these difficulties the practices had persevered and obtained funding for this service through the local clinical commissioning group, as they felt offering a more local service for young people was beneficial to the community.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We found the practice demonstrated a great deal of compassion and empathy for their patients, particularly for those who may otherwise be at risk of poor access to primary care or poor health outcomes. The practice took active steps to ensure they were equipped to meet the needs of these patients, and planned and delivered innovative solutions to improve health outcomes. They did this in a way that demonstrated respect for and supported patients' dignity.

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All but two of the 53 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for their satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 91% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 82% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The practice had achieved accreditation in the 'You're Welcome', the Department of Health 'Quality criteria for young people friendly health services'.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey (July 2016) we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with local and national averages. For example, of those who responded:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

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



Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a hearing loop available for patients who had hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy 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.

The practice maintained a register of patients who were veterans of the armed forces. This helped the practice to direct them to sources of specialist help and support, and also identify where they would have priority access to NHS hospital care for any condition related to their service. The practice had 20 patients on this register. The practice had included a question on their new patient questionnaire to help them identify these patients. They also checked veteran status with patients opportunistically during reviews and other appointments.



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 its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. A GP was part of the local Vanguard to improve access and care to frail elderly patients, including those who were resident in care homes. (Vanguards are initiatives, which lead the way in new developments or ideas within health and social care.) As part of this project the lead GP from the practice had spent time in local care homes, and had used the opportunity to train and upskill care staff.

- The practice offered extended hours on a Monday morning from 7am for working patients who could not attend during normal opening hours. The practice opened until 7.30pm on alternate Wednesdays to offer a Young Person clinic outside normal school and working hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. The practice nurses visited housebound patients with long term conditions to review their health and administer vaccinations, such as during the influenza season.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had produced easy information to help people with learning disabilities to understand health and care services. This included a guide about what to expect when going to A&E; a description of the 'safe place' scheme; and influenza vaccination. The practice had secured funding with the local clinical commissioning group for a website for all practice staff to access a range of easy read leaflets and information. The practice had taken steps to encourage patients with learning disabilities to access annual health checks to support them to stay healthy.
- The practice had been designated a safe place for vulnerable people, including people with learning disabilities. This scheme identifies safe places in the

community where vulnerable people can go if they get into trouble or feel unsafe, frightened or bullied. There was a notice in the practice waiting area informing patients and visitors of this.

- The practice put a high value on enabling people with learning disabilities to gain life skills. The practice manager had volunteered their time and delivered cardiopulmonary resuscitation (CPR) and emergency first aid training to two groups of people with learning disabilities, through a local support organisation. The practice had supported young people with learning disabilities or autism to access short and long term work opportunities within the practice. The young people were supported by a mentor in the practice. The practice showed us positive feedback from the families and the school, which demonstrated the positive impact working for the practice had for these young people, including in communication, independence and general life skills.
- There were high levels of children classified as either obese or overweight in Sunderland. Data taken from the joint strategic needs assessment in 2011 showed 21.1% of year 6 children within the Sunderland area were classed as obese or overweight. This was higher than the North East prevalence which was 20.6% and the England prevalence of 18.7%. The practice had recently initiated, along with other practices in the locality, an 'Eat well and let's be fit' scheme to tackle childhood obesity. The practice had produced packs which included helpful information, healthy eating sticker charts, lunch bag and water bottle. There was a general pack available for all families and a targeted pack with information and ongoing help for those families assessed as needing additional support. The practice was working with other practices in the locality and the local clinical commissioning group, to set up a text support services for those who were on the scheme, to send inspiration and motivational messages to families via text messages. The practice told us they believed in a whole family approach to this, rather than looking at each child in isolation. This initiative was at an early stage, but the practice planned to evaluate it in the future. The practice, along with a neighbouring practice, had worked with local schools and involved children and young people in the development of the pack.
- The practice had taken action to increase the identification of veterans of the armed forces locally, to



Are services responsive to people's needs?

(for example, to feedback?)

ensure they had access to appropriate health and support. They had analysed the data on veterans across Sunderland, and identified low numbers were coded by practices. In 2013 of the potential 26,500 veterans across Sunderland, only 50 were identified. To identify and support more veterans the practice had put in place a number of actions. The practice maintained a register of patients who were veterans of the armed forces. In August 2016 the practice had 20 patients on this register. Across all practice in Sunderland the number had increased to 2,777 identified. By noting a patient was a veteran on the practice clinical system; this information was available to clinicians in making decisions about treatment options. This included identifying where a veteran may have priority access to NHS hospital care for any condition related to their service. The practice maintained up to date information about local resources, support groups and organisations, which might be relevant to the needs of veterans. The practice manager attended the local armed forces network bi-monthly meetings. They had arranged for a local clinician who had worked in the armed forces to give a talk to local GP staff to help them understand the needs of veterans. The practice manager had attended the last three years of the local air show to give information to members of the armed forces on how to register with a GP when they leave the forces.

- The practice referred patients to the local social prescribing service, Shiney Advice and Resource Project (ShARP). (Social prescribing is a way of supporting patients to access services to support them with social, emotional or practical needs through local, non-clinical services, often provided by the voluntary and community sector.)
- The practice provided a clinic for young people, which was open outside school and normal work hours. The practice had taken steps to promote the service to young people and encourage them to attend. For example, the practice identified younger members of the administration team to provide support to this service. Staff wore t-shirts promoting the service to make it a comfortable environment for young people.
- The practice had achieved 'You're Welcome' accreditation. Participation in the scheme demonstrates that practices have actively listened and developed a service based around the needs of young people.

- The practice was a designated Yellow Fever Vaccination Centres and offered this vaccine to anyone who wishes to access this service, including patients from other practices.
- The practice provided medical services to people working on a local film production.
- The practice sent birthday cards when a young patient reached 16 to help inform them about the services available. The practice website included a page providing information for young people, including young carers.

Access to the service

The practice was open between 7am to 6pm on a Monday and 8am to 6pm Tuesday to Friday. Extended hours surgeries were offered on a Monday between 7am and 8am, and for the young person clinic fortnightly on a Wednesday until 7.30pm.

Appointments were available on a Monday between 7am to 11.30am and 2.30pm and 5pm. From Tuesday to Friday appointments were available between 8.30am to 11.30am and 2.30pm to 5pm. Reception services were available from 7am to 6pm on a Monday and 8.30am to 6.00pm on other working days. The local CCG had commissioned the out of hours provider to provide services to the practice patient list between 6pm and 6.30pm.

The National GP Patient Survey results July 2016 about how satisfied patients were with how they could access care and treatment were mixed. Some indicators were in line with, whilst others were lower than national and local CCG averages.

- 83% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 82% and a national average of 85%.
- 95% said the last appointment they got was convenient. This compared with a CCG average of 94% and a national average of 92%.
- 70% of patients were satisfied with opening hours. This compared with a CCG average of 79% and a national average of 76%.
- 68% found it easy to get through to this surgery by phone. This compared with a CCG average of 79% and a national average of 73%.
- 71% described their experience of making an appointment as good. This compared with a CCG average of 75% and a national average of 73%.



Are services responsive to people's needs?

(for example, to feedback?)

- 63% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 62% and a national average of 58%.

The practice had identified appointment availability as a reason for lower satisfaction levels and had taken action to address this. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients that needed them. The practice had changed the length of time for which patients could pre-book appointments. This was following feedback from patients about appointment availability. The practice had identified when patients were able to book appointments up to four weeks in advance, the number of patients forgetting their appointments and therefore not attending was high. They had discussed alternate solutions to managing appointment availability with the patient participation group. The group spoke positively about the steps the practice had taken to increase the appointments available and meet the needs of patients. The practice had tried several other alternatives, and planned to review their current approach to check if it had improved patient satisfaction with appointment availability.

Patients told us on the day of the inspection that 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.

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.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed in the practice waiting area and summary leaflets available for patients to take away with them.

We looked at two complaints received in the last 12 months and found they were taken seriously, investigated fully and responded to appropriately. The practice used complaints and other patient feedback as an opportunity to learn and improve. Lessons were learnt from individual concerns and complaints and also from analysis of trends.

Are services well-led?

Outstanding



(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. We found the practice took a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We found the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice maintained a comprehensive understanding of their performance.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. We found leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed. For example, the practice had persevered in obtaining funding for the young person service, despite commissioning difficulties, as they felt offering a more local service for young people was beneficial to the community.

On the day of 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. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (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). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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. They proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Outstanding



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

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had changed the appointment booking process to address concerns raised about appointment availability, and continued to review and refine their approach. They worked with the PPG to introduce the electronic prescribing system smoothly. The practice changed the practice phone number from a 0845 to a local number, following patient feedback.
- The practice had also gathered feedback from staff through staff away days and generally through 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The leadership team drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice had instigated a number of CCG wide projects to improve outcomes for people. There was a strong focus within the practice on identifying and improving outcomes for patients who may otherwise be at risk of poor access to primary care or poor health outcomes. For example,

- The practice team was part of local pilot schemes to improve outcomes for patients in the area. A GP was part of the local Vanguard to improve access and care to

frail elderly patients, including those who were resident in Care Homes. (Vanguards are initiatives, which lead the way in new developments or ideas within health and social care.)

- For people with learning disabilities they had refocused the approach to annual health checks to increase identification of eligible patients and increase uptake.
- For veterans they had increased identification by agreeing for local practices to change their new patient forms to help identify relevant patients. They had also promoted health services to armed forces personnel and veterans through the local armed forces network and at a large local air show event.
- For children and young people, the practice had gained CCG wide funding for an 'Eat well and let's be fit' scheme to tackle childhood obesity. They had also increased access to health advice for young people, including sexual health, by delivering a confidential clinic for young people outside normal school and work hours.

The practice had high levels of commitment and invested time and resource to helping to improve the health of the local community. For example, the practice was designated a safe place for vulnerable people, including people with learning disabilities. The practice had mentored local young people with learning disabilities and/or autism, offering work opportunities to enable them to build life skills. The practice manager had offered training sessions for people with learning disabilities locally in cardiopulmonary resuscitation (CPR) and emergency first aid.

The practice had been nominated for many local and national awards. For example, the practice had won a local press award in 2016 for community nurse of the year. They were awarded Investors in People (IIP) gold award in 2015. IIP is an internationally recognised accreditation scheme to support better people management.