

Hylton Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Hylton Medical Group on 21 April 2015. The practice was judged to be inadequate and placed in special measures.

On 4 February 2016 we carried out an announced comprehensive inspection and found that improvements had been made. In recognition of the improvements made the practice was rated overall as requires improvement.

We carried out a further announced comprehensive inspection on 2 February 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for another period of six months. The full comprehensive reports on the previous inspections can be found by selecting the 'all reports' link for Hylton Medical Group on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 28 September and 3 October 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had made significant progress since the last inspection and had addressed all areas of concern.
- We found improvements in the overall governance arrangements, clinical governance, leadership and clinical effectiveness.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.

Summary of findings

- Staff throughout the practice worked well together as a team.

The area where the provider should make improvements are:

- Take steps to record the distribution of pre-printed prescription form stock within the practice.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice was clean and hygienic and good infection control arrangements were in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe, although improvements could be made to the system for recording the receipt and issuing of blank prescriptions.
- Staff recruitment and induction policies were in operation. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had taken action to address the areas of weakness raised during our previous inspection in February 2017. They had implemented new arrangements and made improvements in all areas relating to clinical audit, staff training and ensuring clinicians were up to date with current evidenced based guidelines and standards.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. Previous QOF data showed patient outcomes were below the local clinical

Summary of findings

commissioning group (CCG) and national averages (86.6% compared to the national average of 95.4%). However, during this inspection we saw the final achievement for the 2016/2017 year had increased to 98.7% of the overall points.

- Educational sessions had been arranged and staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the July 2017 National GP Patient Survey we reviewed showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for nurses were above local and national averages but the GP scores were below average. The practice had developed an action plan following on from the results to seek ways to improve those scores which were below average.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice identified carers and ensured they were signposted to appropriate advice and support services; 113 patients (2.2% of the practice list) had been identified as carers. Three staff in the practice had been trained as care navigators; they provided support and helped direct patients to relevant services.
- Arrangements were in place to support families who had suffered bereavement.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice scored relatively well in relation to access in the National GP Patient Survey. The most recent results (published in July 2017) showed 82% (compared to 84% nationally) of respondents were able to get an appointment or speak to someone when necessary; 79% of respondents said they were

Good



Summary of findings

satisfied with opening hours (compared to the national average of 76%). The practice scored highly on the ease of getting through on the telephone to make an appointment (82% of patients said this was easy or very easy, compared to the national average of 71%).

- Extended hours were offered on a Monday and Wednesday morning for patients who could not attend during normal opening hours.
- The practice was part of an alliance with the other practices across Sunderland where appointments were available to patients from 10am until 12pm at weekends and on bank holidays; and on weekday evenings between 6pm and 8pm.
- The majority of patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were 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 evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had taken action to address the areas of weakness raised during our previous inspection in February 2017. There was a renewed focus on clinical governance and leadership. Staff we spoke with told us the team had worked well together and was stronger as a result of this work.
- The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives.
- There was a clear leadership structure in place and staff felt supported by management. Team working within the practice between clinical and non-clinical staff was good.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.
- There was a strong focus on continuous learning and improvement at all levels within the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The lead GP and a nurse carried out monthly ward rounds and had regular phone contact with staff at a local nursing home. The nursing home had access to a direct telephone line so they were able to contact the GP or nurse quickly when necessary. The practice had developed a urinary tract infections (UTI) protocol, so staff in the local nursing home knew when to report potential UTIs to the practice and arrange appropriate treatment.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had previously not scored well in the Quality and Outcomes Framework (QOF). This rewards practices for managing some of the most common long term conditions. Data from 2015/16 showed the practice had achieved 86.6% of the total number of points available, which was below the England average of 95.4% and the local clinical commissioning group (CCG) average of 95.8%. When we last inspected in February 2017, staff told us for the 2016/17 QOF year so far the practice had already achieved 96.1% of the overall points available to them. During this inspection we saw the final achievement for the 2016/2017 year had further increased to 98.7% of the overall points.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was 80.5%, which was broadly in line with the CCG average of 81.2% and the national average of 81.4%.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

Good



Summary of findings

the services it offered to ensure these were accessible and flexible. Extended hours were offered on a Monday and Wednesday morning for patients who could not attend during normal opening hours.

- The practice was part of an alliance with eleven other GP practices where appointments were available to patients from 10am until 1pm at weekends and on bank holidays; and on weekday evenings between 6pm and 8pm.
- 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.

People whose circumstances may make them vulnerable

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 homeless people and those with a learning disability.
- 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.
- Over the past eight months a significant amount of work was carried out to increase the number carers registered. At the time of the current inspection 113 patients (2.2% of the practice list) had been identified as carers. Three staff in the practice had been recently trained as care navigators; they provided support and helped signpost patients to relevant services.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2017 showed the practice was performing broadly in line with local and national averages. There were 86 responses (from 312 sent out); a response rate of 28%. This represented 1.6% of the practice's patient list. Of those who responded:

- 79% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 86% and a national average of 85%.
- 82% found it easy to get through to this surgery by phone, compared with a CCG average of 75% and a national average of 71%.
- 89% found the receptionists at this surgery helpful, the same as the CCG average and above the national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 83% and a national average of 84%.
- 83% said the last appointment they got was convenient, compared with a CCG average of 82% and a national average of 81%.
- 78% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 67% and a national average of 64%.

- 72% felt they don't normally have to wait too long to be seen, compared with a CCG average of 62% and a national average of 58%.
- 66% described their experience of making an appointment as good, compared with a CCG average of 74% and a national average of 73%.

We spoke with eight patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time. Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 CQC comment cards; of which the majority were positive about the standard of care received.

Hylton 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 a further CQC inspector.

Background to Hylton Medical Group

Hylton Medical Group provides care and treatment to around 5,200 patients in the Pallion area of Sunderland. The practice is part of Sunderland clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

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

- Pallion Medical Centre, Hylton Road, Sunderland, Tyne and Wear, SR4 7XF.

The practice is located in a purpose built two storey building. All patient facilities are on the first floor. There is on-site parking, accessible parking, a lift, an accessible WC, wheelchair and step-free access.

Opening hours are as follows:

- Mondays and Wednesdays between 7.30am and 6pm
- Tuesdays, Thursdays and Fridays between 8am and 6pm.

Patients can book appointments in person, on-line or by telephone. Telephones at the practice are answered from 8am until 6pm. Outside of these times a message on the telephone answering system transfers patients to the out of hours service.

Appointments with GPs are available at the following times, Monday to Friday:

- 8am to 11.30am; then from 1.30pm to 5.30pm

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

The practice has:

- One lead GP and two long term locum GPs (all male),
- two nurse prescribers (female),
- one healthcare assistant,
- a practice pharmacist
- a practice manager, and
- seven staff who carry out reception and administrative duties.

The age profile of the practice population is in line with the CCG averages, but is made up of a slightly lower than average proportion of patients over the age 65 (14.9% compared to the national average of 18.4%). Information taken from Public Health England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

We undertook a comprehensive inspection of Hylton Medical Group on 21 April 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was judged to be inadequate for providing safe, effective and well led services and was placed in special measures for a period of six months.

Detailed findings

We undertook an announced comprehensive inspection of Hylton Medical Group on 4 February 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. We found that improvements had been made. The practice was rated overall as requires improvement for providing effective and well led services and was taken out of special measures.

We carried out a further announced comprehensive inspection on 2 February 2017 to check that improvements had been made. The overall rating for the practice was inadequate for providing effective and well led services and the practice was placed in special measures for another period of six months.

We undertook a fourth announced comprehensive inspection on 28 September and 3 October 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 29 September and 3 October 2017. During our visit we:

- Spoke with a range of staff (lead GP, two practice nurses, the healthcare assistant, the practice manager, the practice pharmacist and two members of the administration team) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location
- Looked at information the practice used to deliver care and treatment.

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 living 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

At our previous inspection on 2 February 2017, we rated the practice as good for providing safe services.

The provider is still rated as good for providing safe services.

Safe track record and learning

There was a system 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an increased number of prescriptions were being ordered online for some types of medicines, a review was carried out and those medicines were no longer available via repeat prescription. A system was implemented so all online prescription requests were checked and any queries highlighted for the GP to review or contact the patient before issuing.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety, which included:

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurses were trained to child protection or child

safeguarding level three. Notices 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 (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. There were cleaning schedules and monitoring systems in place.
- The practice had established an infection control team (the lead GP and two nurse prescribers); 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 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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).
- Some medicines are required to be stored in refrigerators; records of current, minimum and maximum temperatures were held; this ensured that appropriate temperatures had always been maintained.
- Prescription pads were securely stored but the systems in place to monitor their use were not satisfactory. Records of serial numbers were maintained on receipt into the practice but not when they were distributed to clinicians. This is contrary to guidance from NHS Protect

Are services safe?

which advises that a record is kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when (date/time) and to whom the prescriptions have been distributed.

We reviewed the personnel files of two staff members and found that 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

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had up to date fire risk assessments and regular fire drills were carried out.
- All electrical equipment and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice also 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet

patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary. A system was in place for the locum GPs to ensure that hospital discharge information and test results were dealt with in a timely manner when the lead GP was on leave.

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 of the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator and oxygen with adult and children's masks. There were also first aid kits and accident books available.
- Emergency medicines were easily accessible to staff in a secure area of the surgery 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

At our previous inspection on 2 February 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 28 September and 3 October 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

When we last inspected it was not clear how new clinical guidelines were discussed and/or shared at practice level. During this inspection we found that clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had developed systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits and random sample checks of patient records.
- Regular clinical, educational and multi-disciplinary team meetings were held, which were an opportunity for staff to discuss clinical issues and patients whose needs were causing concern.

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 latest publicly available data from 2015/16 showed the practice had achieved 86.6% of the total number of points available, which was below the England average of 95.4% and the local clinical commissioning group (CCG) average of 95.8%.

At 11.3%, the clinical exception reporting rate was above the England average of 9.8% and the CCG average of 10.4% (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).

When we last inspected in February 2017, the practice manager told us that the practice had improved on the previous year's figures. They told us for the 2016/17 QOF year so far the practice had already achieved 96.1% of the overall points available to them and still had a further six weeks to continue to increase this. During this inspection we saw the final achievement for the 2016/2017 year had further increased to 98.7% of the overall points.

At previous inspections we found the practice's QOF scores were below average in some areas. During this inspection staff told us they had implemented new systems to recall patients and there was a dedicated member of the administration team assisting clinical staff to monitor this. As a result of this performance had significantly improved. For example, the practice showed us the following (unverified but submitted) data:

- The score in relation to mental health indicators was 55.4% in 2015/2016; the most recent data for 2016/2017 showed the practice had achieved 95.5%.
- Performance for asthma related indicators was 66.3% in 2015/2016; the most recent data for 2016/2017 showed the practice had achieved 100%.
- Performance for dementia related indicators was 88% in 2015/2016; the most recent data for 2016/2017 showed the practice had achieved 100%.

When we inspected in February 2017 we found there was no structure to the clinical audit programme. During this inspection there was evidence of structured quality improvement including clinical audit.

- A practice audit plan had been implemented. This set out the national, practice and safety audits for the forthcoming year; with rationale as to why each of the audits were deemed necessary.
- There had been two clinical audits since the previous inspection; both of these were completed audits where the improvements made were implemented and monitored. This included an audit of the patients who had been prescribed a particular medicine (hormone replacement therapy (HRT)) to check that they had received a recent review. An initial audit was carried out which showed 17 out of 18 patients had not been

Are services effective?

(for example, treatment is effective)

reviewed. Action was taken and patients were contacted. A further audit cycle was carried out and this showed an improvement, in that 100% of patients had been reviewed. The practice planned to continue to monitor progress and a further audit planned six months later to ensure standards were maintained.

- Findings were used by the practice to improve services. For example, the practice used information about the attendance rates at accident and emergency to educate patients on the local GP services available.

Effective staffing

When we last inspected in February 2017 we found that clinical staff had not received any information governance training. During this inspection we saw all clinical staff had completed training on information governance.

Evidence reviewed during this inspection showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Relevant information was shared with other services in a timely way, for example when people were referred 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 were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals every two weeks, when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those with a mental health condition or learning disability.
- Smoking cessation advice was available on the premises and patients could be referred to a dietician.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the national standard of 90%. For example, rates for the vaccinations given to under two year olds ranged from 94.2% to 96.4% and rates for five year olds ranged from 93.5% to 98.4%.

The practice's uptake for the cervical screening programme was 80.5%, which was broadly in line with the CCG average of 81.2% and the national average of 81.4%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The

practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. At 75.4% the percentage of females aged between 50 and 70 who had been screened for breast cancer within the past 36 months was comparable to the CCG average of 78.2% and the national average of 72.5%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 2 February 2017, we rated the practice as good for providing caring services.

The provider is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 31 patient CQC comment cards we received were positive about the service experienced. We spoke with eight patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in July 2017, showed most patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Scores were in line with local and national averages, except for in relation to the GP treating them with care and concern. Of those who responded:

- 94% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 85% and the national average of 86%.
- 98% said they had confidence and trust in the last nurse they saw, the same as the CCG average and above the national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern, the same as the national average but below the CCG average of 92%.

- 89% said they found the receptionists at the practice helpful, the same as the CCG average and above the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the July 2017 National GP Patient Survey we reviewed showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for nurses were above local and national averages but the GP scores were below average. For example, of those who responded:

- 85% said the GP was good at listening to them, compared to the CCG average of 88% and the national average of 89%.
- 82% said the GP gave them enough time, compared to the CCG average of 87% and the national average of 86%.
- 79% said the last GP they saw was good at explaining tests and treatments, compared to the CCG and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 83% and the national average of 82%.
- 95% said the last nurse they spoke to was good listening to them, compared to the CCG average of 93% and the national average of 91%.
- 96% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 96% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

The practice had developed an action plan following on from the results to seek ways to improve those scores which were below average.

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.
- Information leaflets were available in easy read format.
- The Choose and Book service was available for patients as appropriate (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Notices and patient information leaflets were available in the patient waiting room; these told patients how to access a number of support groups and organisations. Information about support groups was also displayed on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. When we inspected in 2015 the practice had 35

patients registered as carers. Over the past two eight months staff had worked hard to increase the number registered. At the time of the current inspection 113 patients (2.2% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them. Three staff in the practice had been trained as care navigators; they provided support and helped signpost patients to relevant services.

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

At our previous inspection on 2 February 2017, we rated the practice as good for providing responsive services.

The provider is still rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood the local population profile and had used this understanding to meet the needs of their population. For example;

- Extended hours were offered on a Monday and Wednesday morning for patients who could not attend during normal opening hours.
- The practice was part of an alliance with the other practices across Sunderland where appointments were available to patients from 10am until 12pm at weekends and on bank holidays; and on weekday evenings between 6pm and 8pm. This was available in a practice in the same building.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was an agreement in place with a neighbouring practice for patients to see a female GP if necessary.
- There were accessible facilities, hearing loop and translation services available.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The lead GP and a nurse carried out monthly ward rounds and had regular phone contact with staff at a local nursing home. The nursing home had access to a direct telephone line so they were able to contact the GP or nurse quickly when necessary. The practice had developed a urinary tract infections (UTI) protocol, so staff in the local nursing home knew when to report potential UTIs to the practice and arrange appropriate treatment.

- One of the administration team members was responsible for checking that all patients who had been referred under the two week referral scheme had been offered and attended an appointment with secondary care clinicians.

Access to the service

The practice was open between 7.30am and 6pm on Mondays and Wednesdays and between 8am and 6pm Tuesday, Thursday and Friday.

Appointments with GPs are available at the following times, Monday to Friday:

- 8am to 11.30am; then from 1.30pm to 5.30pm.

Extended hours surgeries were offered between 7.30am and 8am every Monday and Wednesday. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in July 2017, showed that patients' satisfaction with how they could access care and treatment was variable. For example:

- 82% were able to get an appointment to see or speak to someone the last time they tried, compared with a clinical commissioning group (CCG) average of 83% and a national average of 84%.
- 79% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 76%.
- 82% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 75% and the national average of 71%.
- 66% of patients described their experience of making an appointment as good, compared to the CCG average of 74% and the national average of 73%.
- 78% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 67% and the national average of 64%.

The majority of patients we spoke with on the day 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.

Are services responsive to people's needs?

(for example, to feedback?)

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 a 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.
- 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. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints. Complaints and lessons to be learned from them were discussed at clinical meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 2 February 2017, we rated the practice as inadequate for providing well-led services as the provider did not have a comprehensive understanding of the practice, CQC registration issues had not been addressed and there was no programme of clinical audit.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 September and 3 October 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement; this was; 'To provide our patients with high quality, accessible care, in a safe, responsive and courteous manner'.
- Staff knew and understood the practice's values.

When we last inspected we found the practice did not have a business development plan and there were no succession plans in place. Since then, managers have developed a formal practice development plan. We saw that succession planning had been considered for each of the lead roles within the practice.

Governance arrangements

During our last inspection we found the lead GP had little involvement in driving change in the practice, they were not providing clinical leadership and were not in touch with the performance of the practice. We also identified that although the lead GP was the safeguarding lead staff were not aware of this.

During this inspection we found significant improvements had been made. The lead GP had arranged for a half day each week to be set aside to focus on the management of the practice. During this time they met with staff, held educational sessions, reviewed clinical guidelines, carried out clinical audits and reviewed practice performance. In addition to this, the lead GP met with the practice manager after every morning and afternoon clinic so they could update each other on any issues which they needed to be aware of. Weekly administrative team meetings were held and the lead GP met with the nurses formally every two weeks. Staff we spoke with all knew who the safeguarding lead was.

At the last inspection we found the practice was not correctly registered with CQC, there was no programme of clinical audit, practice nurses were not receiving clinical input into their appraisals and only one member of staff had undertaken information governance training. Since the last inspection the practice had developed an overarching governance framework which supported the delivery of the strategy and good quality care.

- Action had been taken to correctly register the lead GP as a sole practitioner with CQC.
- The lead GP and practice manager carried out appraisals for the nurses.
- All staff had undertaken information governance training.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GP and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were regularly reviewed and updated where necessary.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly; during these sessions, staff designated as leads in certain areas gave an update to the rest of the team on current developments or issues within the practice; this provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been implemented to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence that lessons learned from complaints and significant events were shared with relevant staff.

Leadership, openness and transparency

On the day of inspection the leaders 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 leaders were approachable and always took the time to listen.

The provider was aware of and had systems 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

Are services well-led?

Good 

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

wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. Leaders encouraged a culture of openness and honesty.

Significant improvements had been made since the last inspection. There was a clear leadership structure in place and staff felt more supported.

- Since the last inspection all staff had been involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- There was a schedule of regular business, clinical, educational and multi-disciplinary team meetings which included discussions about palliative care, high risk and vulnerable patients.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, following a suggestion by the PPG, staff answered the telephone with their name so patients were aware who they were speaking to.
- the NHS Friends and Family test, complaints and compliments received.

- staff through an annual staff survey 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

Since the previous inspection in February 2017 the practice had made improvements in all areas. There was a renewed focus on clinical governance and leadership. Staff we spoke with told us the team had worked well together and was stronger as a result of this work.

The practice had worked hard to increase their Quality and Outcomes Framework (QOF) score and this was reflected in the (as yet unverified) 2016/2017 results.

Over the past eight months staff had carried out a significant amount of work to increase the number of carers registered. At the time of the current inspection 113 patients (2.2% of the practice list) had been identified as carers. Three staff in the practice had been recently trained as care navigators; they provided support and helped signpost patients to relevant services.

The lead GP and a nurse carried out monthly ward rounds and had regular phone contact with staff at a local nursing home. The nursing home had access to a direct telephone line so they were able to contact the GP or nurse quickly when necessary. The practice had developed a urinary tract infections (UTI) protocol, so staff in the local nursing home knew when to report potential UTIs to the practice and arrange appropriate treatment.