

Hollyhurst Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Hollyhurst Medical Centre on 3 December 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Non-clinical risks to patients, such as health and safety, were assessed and well managed.
- Significant events were recorded, investigated, however we had concerns about how learning from them was shared with staff.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- The practice could not demonstrate they had an effective system for clinical audit or that they used audits successfully to improve quality.
- 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.
- The practice sought feedback from patients, which they acted on.
- Staff said managers were approachable; however there were no formal staff meetings, other than monthly clinical meetings.
- The lead GP in the practice had the experience, but not the capacity to run the practice effectively. The salaried GPs did not receive an appraisal or clinical supervision from the provider.

The areas where the provider must make improvements are:

- Ensure that there is an effective system for clinical audit and that audits are used successfully to improve quality.

Summary of findings

- Ensure there is appropriate support and appraisal for salaried GPs.

The areas where the provider should make improvements are:

- Consider sharing the learning from significant events and complaints formally with staff and carry out an annual review of significant events and complaints to ensure there are no patterns or trends.

- Record the numbers of the pre-printed prescription stock which has been distributed in the practice in accordance with national guidance.
- Implement a checking regime for the emergency equipment to ensure items included in it are in date and fit for use.

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. Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones. There were infection control arrangements in place and the practice was clean and hygienic. We found significant events were recorded; however learning from them was not formally shared with staff. There were systems and processes in place for the safe management of medicines other than the audit trail of printed prescription stock within the practice. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services. The practice could not demonstrate they had an effective system for clinical audit or that they used audits successfully to improve quality. However, data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training and any further training needs had been identified. There was evidence of appraisals for staff with the exception of in house appraisals for the salaried GPs. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice above others for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there

Good



Summary of findings

was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand. However, learning from complaints was not shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led. The lead GP in the practice had the experience, but not the capacity to run the practice effectively. The salaried GPs did not receive an in house appraisal or clinical supervision from the provider. There was no documented business plan or strategy for future development. There was a practice manager in place who staff said was supportive. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify non-clinical risk. The practice proactively sought feedback from patients, which it acted on. The practice had an active patient participation group (PPG).

Requires improvement



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 requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore impacts on all population groups.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, 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, including offering home visits and double appointments. Patients over the age of 75 had a named GP. Prescriptions could be sent to any local pharmacy electronically.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. There are aspects of the practice that require improvement which therefore impacts on all population groups.

The practice nurse was the lead for long term conditions and managed the recall system. Patients received a six monthly or annual review. Patients with more than one long term condition were seen and reviewed at the same appointment wherever possible.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was compared to the local clinical commissioning group (CCG) average of 96.6% and the national average of 97.4%.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore impacts on all population groups.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Childhood immunisation rates for the vaccinations given were in line with CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 96.4% and five year olds from 85.7% to 100%. The flu vaccination rates for the over 65s was 78.7% (compared to 73.2% nationally), and for at risk groups was 61.4% (compared to 56.3% nationally). The practice's uptake for the cervical screening programme was 83.3%, which was above the national average of 81.8% respectively. Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore impacts on 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, flexible and offered continuity of care. The practice was proactive in offering online services which included appointment booking and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. There was extended opening hours on a Tuesday morning and telephone consultations were provided. Minor surgery clinics were available every week.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore impacts on all population groups.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They carried out annual health checks for people with a learning disability.

Requires improvement



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore impacts on all population groups.

The practice had a register of patients diagnosed with dementia, poor mental health and depression. They regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The percentage of patients with dementia who had received a face to face review in the preceding 12 months was 83% compared to the national average of 84%. The practice also worked together with their carers to assess their needs. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

We spoke with four patients on the day of our inspection, which included two members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and happy. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP.

We reviewed 68 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, fantastic, excellent, happy, friendly, helpful and no complaints.

The latest GP Patient Survey published in July 2015 showed that scores from patients were above national and local averages. The percentage of patients who described their overall experience as good was 94.5%, which was in line with the local clinical commissioning group (CCG) average of 86.3% and the national average of 84.8%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 90% (local CCG average 79%, national average 78%).
- 98% said the GP was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time compared to the local CCG average of 88% and national average of 87%.
- 94% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.

- 92% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 98% said they found it easy to get through to this surgery by phone compared to the local CCG average 79%, national average 73%.
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen- 75% (local CCG average 68%, national average 65%).
- Percentage of patients who find the receptionists at this surgery helpful - 97% (local CCG average 87%, national average 87%).

These results were based on 97 surveys that were returned from a total of 262 sent out; a response rate of 37% and 4% of the overall practice population.

The practice had analysed the results of a survey carried out by the CCG in January 2015. The survey mostly asked questions regarding patient access. The results showed that the majority of patients were satisfied with the service they received. An example of the results are;

- 92.3% of patients said their level of satisfaction with the practice opening hours was good or excellent.
- 92.3% of patients said contacting the practice by telephone was good or excellent.
- 91.7% of patients said that the ability to get an appointment with a GP within three days was good or excellent.
- 92.3% of patients said that the ability to get an appointment with a nurse within three days was good or excellent.

The survey was based on 13 responses.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there is an effective system for clinical audit and that audits are used successfully to improve quality.
- Ensure there is appropriate support and appraisal for salaried GPs.

Action the service **SHOULD** take to improve

- Consider sharing the learning from significant events and complaints formally with staff and carry out an annual review of significant events and complaints to ensure there are no patterns or trends.

- Record the numbers of the pre-printed prescription stock which has been distributed in the practice in accordance with national guidance.
- Implement a checking regime for the emergency equipment to ensure items included in it are in date and fit for use.

Hollyhurst Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Hollyhurst Medical Centre

Hollyhurst Medical Centre provides Primary Medical Services to the town of Winlaton and the surrounding areas. The practice provides services from one location, Front Street, Blaydon on Tyne, Tyne and Wear, NE21 4RD. We visited this address as part of the inspection.

The surgery is located in a converted house. Patient facilities are on the ground floor. There is step free access at the front of the building and a toilet on the ground floor. There is no dedicated parking for patients at the premises.

The provider of the service is the lead GP, Dr Inder Singh, who is the provider for two other practices in the Sunderland area. There are two part time female salaried GPs.

There is a practice nurse and health care assistant both who work part time. There is a practice manager and five members of administration and secretarial staff and a cleaner.

The practice provides services to approximately 2,400 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

The practice is open between 8:00am - 6:00pm Mondays to Friday with extended opening hours on a Tuesday morning where the practice opens at 7:15am.

Consulting times are Monday to Friday 9.30am to 12.30pm, with the exception of a Tuesday morning from 7:20am. There are no appointments available on a Tuesday afternoon; emergencies are dealt with by a neighbouring practice. Other afternoon appointment times are Monday 2.30pm to 4:40pm, Wednesday 2pm to 4:30pm, Thursday 2:30pm to 6pm and Friday 2:30pm to 4:40pm.

The practice nurse provides appointments on Monday, Tuesday and Thursday and the healthcare assistant every day other than a Tuesday.

The service for patients requiring urgent medical attention out of hours is through the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as 'GatDoc'.

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. This 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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

We carried out an announced visit on 3 December 2015. During our visit we spoke with a range of staff. This included the lead and a salaried GP, the practice manager, practice nurse, healthcare assistant and reception and administrative staff. We also spoke with four patients. We reviewed 68 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us if there were any issues they would be reported to the practice manager who was responsible for their collation. We saw minutes of clinical meetings where the events had been discussed. However this only involved the GPs and the practice manager. Staff told us that learning from these events was shared informally and there was no structured feedback in place for them. There was no evidence of an annual review of the significant events overall to establish any patterns or trends. There had been 20 reported in the last 12 months.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, there was a needle stick injury to a member of staff, this had been documented and shared in a clinical meeting. This had been discussed informally with staff. However, the inspection team thought that the significant event process could be made tighter with more evidence in place for revisiting the actions from these events to ensure change had happened or been sustained.

The practice manager managed the dissemination of national patient safety alerts. They decided who needed to see them and there was a system in place to ensure that the appropriate members of staff had read the alert and taken any necessary action.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NPSA and NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety including infection control, and staffing.

- Arrangements were in place to safeguard adults and children 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. The lead GP was the 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 had all received training relevant to their role.

- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurse carried out this role or if they were unavailable three members of staff who were trained to carry out this role would do this. 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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment and an environmental audit. The practice had fire risk assessments in place. The practice manager was trained as fire warden. Staff had all received fire awareness training and some staff had attended an external fire safety training delivered from contractor. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There had been an asbestos survey carried out and actions resulting from it had been completed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. Staff had received infection control training including hand hygiene training. There was a formal legionella risk assessment and a certificate from a contractor which stated the actions set out in the assessment had been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). We saw that prescription pads were securely stored,
- Recruitment checks were carried out and the files we sampled showed that appropriate recruitment checks

Are services safe?

had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In relation to GP cover in the practice, one salaried GP provided four sessions per week and the other, five. The lead GP provided approximately three hours consultation time to the practice per week, a further two if needed and one and a half hours minor surgery clinic. The practice had not used locum cover for some years. The lead GP or one of the salaried GPs would provide cover for annual leave where possible.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen. However, there was no manual resuscitator used for children who are not breathing or breathing adequately, as the practice had ordered in new stock but they had not yet arrived. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 99.5% of the total number of points available to them, with a clinical exception reporting rate of 13.9%. The QOF score achieved by the practice in 2014/15 was 6% above the England average; the clinical exception rate was 4.7% above the England average and 5% above the local clinical commissioning group (CCG) average.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (100% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).

The practice could not demonstrate they had an effective system for clinical audit or that they used audits

successfully to improve quality. Prior to the inspection we were provided with three clinical audits which were single cycles, for example, an audit which looked at prescribing medication for neuropathic pain. One of the audits was from 2013 and it was unclear when the others had been carried out. The lead GP told us about other audits which the practice had carried out. We asked for them to be forwarded to us after the inspection. Only one two cycle audit was sent to us. This was an audit from 2013 which looked at medication used to treat bladder infections.

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 fire safety, health and safety and responsibilities of their job role.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. They told us they felt supported in carrying out their duties.
- All GPs in the practice received or had a date for their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.)
- The practice nurse and the healthcare assistant were appraised by the lead GP. The practice nurse told us they attended a nurse forum held by a CCG in another area which provided them with support.
- Staff received training that included: safeguarding vulnerable adults and children, fire procedures, basic life support and information governance awareness. Clinicians and practice nurses had completed training relevant to their role which included domestic violence and mental capacity act training. The practice manager had arranged for additional training for staff at a local college, for example, infection control and dementia training. This was voluntary and staff did not have to attend, however, this training was carried out in their own time.

Are services effective?

(for example, treatment is effective)

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 test results. All 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. We saw evidence that formal multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 83.3%, which was above the national average of 81.8%. 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 in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 96.4% and five year olds from 85.7% to 100%. The flu vaccination rates for the over 65s was 78.7% (compared to 73.2% nationally), and for at risk groups was 61.4% (compared to 56.3% nationally).

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. 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.

We reviewed 68 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, fantastic, excellent, happy, friendly, helpful and no complaints.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and happy. They told us staff were friendly and helpful and they received a good service.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 92%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 87% and the national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 90%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above or in line with local and national averages. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 81%.
- 87% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language. The lead GP spoke Punjabi; they told us patients specifically attended the practice for this reason.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by

Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were offered support by a visit from the GP or they could be referred for counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. The practice had a practice engagement plan (PEP) which they had signed up to with the CCG; the plan had actions included in it to improve outcomes for patients. For example, it identified five patients who smoked with severe mental health, with the aim of giving them advice and educating them to give up smoking.

The practice had a patient participation group (PPG) with five members who met approximately every four months. We spoke with two members of the group. Both commented positively on how the practice was open to change. Examples of improvements the group had influenced included advertising the flu vaccine on prescription forms and encouraging the practice to have extended opening hours.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on Tuesday mornings with appointments available from 7:20am.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including minor surgery, sexual health and chronic disease management.
- The practice provided a quarterly newsletter to patients with information included in it for example, flu vaccinations and the PPG.

Access to the service

The practice is open between 8:00am - 6:00pm Mondays to Friday with extended opening hours on a Tuesday morning where the practice opens at 7:15am.

Consulting times are Monday to Friday 9.30am to 12.30pm, with the exception of a Tuesday morning from 7:20am.

There are no appointments available on a Tuesday afternoon; emergencies are dealt with by a neighbouring practice. Other afternoon appointment times are Monday 2.30pm to 4:40pm, Wednesday 2pm to 4:30pm, Thursday 2:30pm to 6pm and Friday 2:30pm to 4:40pm.

The practice nurse provides appointments on Monday, Tuesday and Thursday and the healthcare assistant every day other than a Tuesday.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could always get an appointment.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There was one routine appointment to see a GP were available that day and other available within three working days. There were emergency appointments available every day at the practice.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages. For example;

- 85% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the local CCG average of 74% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a 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. This included leaflets in the patient waiting area. Patients we spoke with were

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

aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received ten formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been

made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings. However there was no yearly formal review of complaints to identify any patterns or feedback given to staff of the outcomes.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The lead GP told us the practice's aim was to provide patient-centered care. The practice's statement of purpose states "The practice aims to deliver the highest standard of care by providing patients with access to appropriate consultations with the appropriate clinician that will support an appropriate diagnosis". Staff we spoke with talked about patients being their main priority.

The practice did not have a business plan or documented strategy for future development, however the lead GP told us of their plans for the practice for the future.

Governance arrangements

There were some governance arrangements which supported the delivery of the strategy and good quality care.

- There was a staffing structure and that staff were aware of their own roles and responsibilities. The practice manager was the lead for health and safety and governance. The practice nurse was lead for long-term conditions; the salaried GPs were the leads for dementia, mental health, women's health and families. The lead GP was the lead member of staff for safeguarding. The inspection team were concerned how this worked in practice, however, as the lead GP provided limited cover in the practice.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, there were areas where improvements could be made;

- There was no programme of continuous clinical audit to monitor quality and to make improvements to patient care.
- There was no structured feedback or learning from significant events or complaints with staff.
- This led to a no questioning culture by the practice.

- There were no formal meetings of the administration staff. However, there was a message book which was kept in the reception area to keep staff up to date with issues they needed to be aware of.
- There was no overview of lessons learned from complaints

Leadership, openness and transparency

The lead GP in the practice had the experience, but not the capacity to run the practice effectively and ensure high quality care. The practice was run by a single-handed GP, who also had two other practices in Sunderland. The GP provided approximately three hours consultation time to the practice per week, a further two if needed and one and a half hours minor surgery clinic. He also worked at the other two practices and for the local out of hours service.

The two other GPs in the practice were salaried GPs and did not provide any management or leadership support. They did not receive an in house appraisal or mentoring or clinical supervision from the lead GP. The salaried GPs worked mostly alone at the practice. There was no leadership provided to them.

There was a practice manager in place who had the capability and capacity to manage the non-clinical side of the practice. Staff said they felt supported by them and said they had an open door policy to staff. Staff said they felt the lead GP was approachable.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a recent CCG survey and formal and informal complaints received and the practice participation group (PPG). They had recently carried out their own survey.

There were no formal staff meetings, other than clinical meetings, they were kept updated by messages on the practice computer system or the message book, therefore staff were not involved in discussions about how to run and develop the practice, or encouraged to identify opportunities to improve the service delivered by the practice.

Continuous improvement

Staff we spoke with and records showed that there was a focus on learning for staff in the practice. The practice

Are services well-led?

Requires improvement 

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

manager had arranged for additional training for staff at a local college. This was voluntary and staff did not have to attend, However, this training was carried out in their own time.

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. The practice had recently signed up to a practice engagement plan with the CCG.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>There was not an effective system for clinical audit or audits used successfully to improve quality.</p> <p>Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Salaried GPs did not receive an appraisal or appropriate support which is necessary to carry out the duties they perform.</p> <p>Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing (2) (a)</p>