

# Wearside Medical Practice

## 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?		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 Wearside Medical Practice on 31 August 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, there was no process in place to review incidents over a period of time to identify trends and themes.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the 2014-15 Quality and Outcomes Framework (QOF) showed patient outcomes were

below average when compared to the local clinical commissioning group (CCG) and national averages. The practice provided unverified data for 2015-16, which demonstrated some improvement.

- Data from the national GP patient survey showed although the majority of patients felt they were treated with compassion, dignity and respect, scores were variable, with some below average.
- Information about services and how to complain was available and easy to understand. Some improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us of recent difficulty in making appointments. We found the practice had kept patients informed of recent staffing difficulties and had taken action to recruit clinical staff. The practice offered extended hours every working day and 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 and staff felt supported by management. The practice had a clear

# Summary of findings

vision and strategy to deliver high quality care and promote good outcomes for patients. However, they had not developed this into supporting business plans. The practice told us they had been through a turbulent few months, but felt they had now come through this, were in a position to move forward.

- The practice had some governance arrangements in place, but there were areas that needed improvement.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure there are systems and processes in place to assure themselves the service operates effectively. This includes maintaining complete and accurate records, as necessary, including those related to managing the service and for staff members

employed to deliver the service. Assure themselves they are appropriately registered with the Care Quality Commission (CQC), including registration for all regulated activities they plan to deliver. Consider their approach to quality improvement to ensure they make use of the full range of information available to them about the quality and safety of the service to support them to improve, including targeted use of audit and learning from complaints and significant events.

An area where the practice should make improvements is:

- Ensure there are systems and processes in place to identify and meet the needs of carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However, there was no process in place to review incidents over a period of time to identify trends and themes.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found staff personnel records were disorganised and it was difficult to find information relevant to a staff members.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average when compared to the local clinical commissioning group (CCG) and national averages. Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 82.4% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was much lower than the national average of 94.8% and the CCG average of 95.7%. The practice recognised that staffing had previously impacted on performance across a number of areas, and they provided unverified data for 2015-16, which demonstrated some improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, the selections of topics for audit were generated by individual clinician areas of interest and the practice had not considered how they could use audit to support them to improve as a practice.

# Summary of findings

- Staff had the skills, knowledge and experience 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.

**Good**



- Data from the national GP patient survey showed although the majority of patients felt they were treated with compassion, dignity and respect, scores were variable, with some below average.
- 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.
- The practice had identified 0.4% of their patient list as carers. They planned to improve the service offered to carers, by introducing annual health checks.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of the local initiative to deliver support to patients in care homes through local integrated teams.
- Patients told us of recent difficulty in making appointments. We found the practice had kept patients informed of recent staffing difficulties and had taken action to recruit clinical staff. The practice offered extended hours every working day and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice could make more use of audit and quality improvement techniques to ensure they extracted all learning from complaints.

# Summary of findings

## Are services well-led?

The practice is rated as requiring improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, they had not developed this into supporting business plans. The practice told us they had been through a turbulent few months, but felt they had now come through this, were in a position to move forward.
- The practice had some governance arrangements in place, but there were areas that needed improvement. There was a programme of clinical and internal audit. However, it was not clear how the practice used this to demonstrate quality improvement. Practice specific policies were implemented and were available to all staff. However, the practice did not have a clear process in place for reviewing and updating these. Staff records were disorganised and not all the expected information was retained or available.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The practice was taking action to reinvigorate the patient participation group.

## 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

### People with long term conditions

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

Requires improvement



- The practice had lower performance on a number of indicators within the Quality Outcomes Framework (QOF) for 2014/15, when compared to local and national averages. Overall the practice had achieved 82.4% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was much lower than the national average of 94.8 and the local clinical commissioning group (CCG) average of 95.7%. The practice achieved lower performance on groups of indicators relating to long-term conditions such as diabetes, asthma and hypertension. For example, the practice achieved 72.4% of the points available for diabetes related indicators. This compared to an average performance of 93.5% across the CCG and 89.2% national average. The practice provided unverified data for 2016-17 which showed some level of improvement.
- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

# Summary of findings

- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 82.4%, which was slightly higher than the CCG average of 81.7% and national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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 the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered each weekday from 7am for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- 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.
- The practice had systems in place for identifying carers. They planned to ensure carers were offered a health check and referred for a carer's assessment.

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

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

Good



- The practice had identified 0.8% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.

# Summary of findings

## What people who use the service say

The latest GP Patient Survey published in date July 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery at 86%. This was similar to the local clinical commissioning group (CCG) average of 86% and the England average of 85%. There were 345 survey forms distributed for Wearside Medical Practice and 109 forms returned. This was a response rate of 32% and equated to 1.4% of the practice population.

Of those patients who responded:

- 77% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with the CCG average of 77% and a national average of 78%.
- 96% found it easy to get through to this surgery by phone. This compared with the CCG average of 79% and a national average of 73%.
- 94% found the receptionists at this surgery helpful. This compared with the CCG average of 90% and a national average of 87%.
- 83% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 82% and a national average of 85%.
- 96% said the last appointment they got was convenient. This compared with the CCG average of 94% and a national average of 92%.

- 80% described their experience of making an appointment as good. This compared with the CCG average of 75% and a national average of 73%.
- 63% felt they don't normally have to wait too long to be seen. This compared with the CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards, with all but one positive about the standard of care received. Respondents used phrases such as wonderful, lovely, safe and clean to describe the practice. They described staff as professional, friendly, efficient and supportive. We spoke with seven patients. Most were satisfied with the quality of care received.

The practice did not publish the results of the national friends and family test (FFT) on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The number received over the last year was low at 10 respondents. The practice told us eight responded and said they were likely to recommend the practice and two responded that they would not recommend it.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure there are systems and processes in place to assure themselves the service operates effectively. This includes maintaining complete and accurate records, as necessary, including those related to managing the service and for staff members employed to deliver the service. Assure themselves they are appropriately registered with the Care Quality Commission (CQC), including registration for all regulated activities they plan to deliver. Consider

their approach to quality improvement to ensure they make use of the full range of information available to them about the quality and safety of the service to support them to improve, including targeted use of audit and learning from complaints and significant events.

### Action the service **SHOULD** take to improve

- Ensure there are systems and processes in place to identify and meet the needs of carers.

# Wearside Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Wearside Medical Practice

Dr Shetty and Partners are registered with the Care Quality Commission (CQC) to provide primary care services.

The practice provides services to just over 7,500 patients from one location, Wearside Medical Practice, Pallion Health Centre, Hylton Road, Sunderland, SR4 7XF, which we visited as part of this inspection. We asked the practice to review their registration with CQC so it reflects the current partnership arrangements and regulated activities they provide.

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

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 53.1% compared to a national average of 54.0%).

The practice has two GP partners, of which one is male and one female. There are also two salaried GPs (both female), a practice manager, a nurse prescriber (female) and two practice nurses (female), two healthcare assistant apprentices and eight administrative support staff.

The practice is open between 7am to 6pm Monday to Friday. Appointments are normally available between 7am to 11:30am and 2pm to 6pm, dependent on staff availability and clinical sessions worked. Reception services are available from 7.00am to 6pm Monday to Friday. There is a local contract with the 111 service to provide telephone cover between 6 to 6:30pm.

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

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016. During our visit we:

- Spoke with a range of staff (One GP partner and a salaried GP; the practice manager; two practice nurses; and three administrative and reception staff) and spoke with patients who used the service. We asked to speak with members of the patient participation group, but the practice could not facilitate this, as they were unable to contact them within a reasonable timescale.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of individual significant events. However, there was no process in place to review incidents over a period of time or to identify trends and themes. We spoke with the lead GP and the practice manager about this. They recognised there was further potential to address learning from those areas where reoccurring incidents took place. They told us they would ensure this was considered going forward.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had changed their recall process for patients with long term conditions to make clear the purpose of the review appointment and why it was important to attend them following a significant event.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level three, and the nurses to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, however these did not lead to the practice putting in place action plans to address any areas for improvement. There was an incomplete record of immunisation status maintained for staff. The practice had put in place a system to record staff had received appropriate vaccinations or immunity to common diseases. However, only one staff member had responded to this. Recording this information helps the practice assess and minimises the risk of cross infection within the workplace.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of

## Are services safe?

the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed nine personnel files and found appropriate recruitment checks had been undertaken for most staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found staff personnel records were disorganised and it was difficult to find information relevant to staff members, with some staff files containing information relating to other staff members. For two staff, both recruited through an apprenticeship scheme, the practice did not hold any recruitment information. The practice manager told us the training organisation who arranged the apprenticeships held this information.

### Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. However, although staff told us a fire drill had been carried out recently, the practice were unable to provide documentary evidence to demonstrate when this took place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice had raised a concern with the local clinical commissioning group and NHS Property Services (the owner of the building) that there was a risk one defibrillator for the whole building may not be enough, if more than one medical emergency took place at the same time. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep clinical staff up to date, but this did not provide sufficient assurances. We found staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. However, the practice had not assured themselves that clinical staff had read and understood new NICE guidance and other guidelines. They were not routinely discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had not maintained an audit and assurance systems to ensure patient safety alerts were noted by clinical staff, any action required was discussed at team meetings and appropriate action was taken. Managers in the practice told us they would review their approach to this to ensure they documented and assured themselves on this going forward.

### Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 82.4% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was much lower than the national average of 94.8 and the local clinical commissioning group (CCG) average of 95.7%. The practice had 5.6% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) This compared to a CCG average of 10.8% and a national average of 9.2%. The practice provided us with data for some of the indicators to demonstrate the improvements made in 2015-16.

This practice was an outlier for three QOF (or other National) clinical targets.

- There were higher than average rates of antibacterial prescribing. The practice figure was 0.42, compared to a CCG average of 0.34 and a national average of 0.27. The practice was unable to give us any context as to why their performance in this area was out of line with comparators.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was lower than average at 66.5%, compared to a CCG average of 78.9% and a national average of 77.5%. (IFCC-HbA1c is the measure of how well controlled blood glucose levels have been). The practice had improved their approach to recalling patients for review appointments and said performance in this area had improved over the last year. They provided us with the unverified data for 2015-16. This showed performance for this was indicator was 79%.
- There was a lower than average percentage of patients with asthma, who had an asthma review in the preceding 12 months, which included an assessment of asthma control. The practice value was 54.2%, which was much lower than the CCG average of 73.7% and the national average of 75.4%. The practice told us performance in this area had improved within the last year. They provided us with the unverified data for 2015-16. This showed performance for this was indicator was 66%. The practice recognised they could improve further and thought now they had a stable workforce the indicator would continue to improve.
- There was a lower than average percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months. The practice value was 63%, which was much lower than the CCG average of 87.1% and the national average of 89.9%. (COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways.) The practice provided us with the unverified data for 2015-16, which showed performance had improved to 74%.

The practice told us a lot of patients on long term condition registers were housebound. Previously the practice nurses

# Are services effective?

## (for example, treatment is effective)

did not visit patients at home to undertake reviews as long term staff sickness absence had impacted on the capacity of the practice to undertake these. As the practice was now fully staffed, they had been enabled to undertake reviews at home for these patients, which had positively impacted on performance across a number of areas. The practice anticipated performance would show further improvements in 2016-17.

Data from 2014/15 showed;

- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national average. The practice achieved 72.4% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 78.7%, compared to a CCG average of 87.2% and a national average of 88.3%. The unverified data for 2015-16 provided by the practice showed this indicator was now at 73%. The percentage of patients on the diabetes register who had an influenza immunisation was 84.6%, compared to a CCG average of 93.8% and a national average of 94.5%. The unverified data for 2015-16 provided by the practice showed this indicator was now at 93%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average. 77.3% of patients had a reading measured within the last nine months, compared to a CCG average of 83.7% and 83.7% nationally. The unverified data for 2015-16 provided by the practice showed this indicator was now at 84%.
- Performance for mental health related indicators was in line with the CCG and national average. The practice achieved 92.3% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. However, within this there was slightly higher exception reporting of 15.7, compared to a CCG average of 11.1%. For the practice, 95.5% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 86.9% and a national

average of 88.5%. Ten of the 54 patients on this register were exception reported. The unverified data for 2015-16 provided by the practice showed this indicator was now at 52%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 90.2% (compared to a CCG average of 80.8% and a national average of 84.0%). The unverified data for 2015-16 provided by the practice showed this indicator was now at 80%.

There was a programme of clinical audit, but it was not clear how the practice used this to demonstrate quality improvement. The selections of topics for audit were generated by individual clinician areas of interest and the practice had not considered how they could use audit to support them to improve as a practice.

- The practice provided us with three clinical audits, of which all were completed audit cycles where a second data collection had taken place. For example, the practice had audited the urgent referrals for suspected cancer, where patients must be seen within two weeks. This found the practice was making appropriate referrals within the two weeks referral pathway. The practice had also carried out an audit on the prescribing of medicines for osteoporosis and another on appropriate prescribing of statins in line with local and national guidelines.
- The practice participated in applicable local audits and national benchmarking. For example they participated in the local clinical commissioning group medicines optimisation scheme.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We found the majority of staff had received appraisals within the last 12 months. However, there was no record of the practice manager or practice nurses receiving an appraisal. Staff told us these had taken place, but notes were not retained of these by a GP Partner who had now left the practice.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.4%, which was higher than the CCG average of 81.7% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.4% to 98.9% and five year olds

## Are services effective?

(for example, treatment is effective)

from 94.3% to 98.9%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 31.6% to 98.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

All but one of the 12 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We asked to speak with members of the patient participation group. However, the practice were unable to make contact with any of the members in the two weeks prior to the inspection. They thought this could be because it was peak season for people to be on holiday.

We spoke with seven patients. Most were satisfied with the quality of care received. However, one patient told us sometimes staff could be 'snappy' on the phone.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 79% and national average of 73%.

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

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available on request in easy read and large print format.
- There was a hearing loop available for patients with hearing impairment.

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (0.4% of the practice list). Data from the 2011 Census, indicated across the Sunderland local authority area 11.8% of the general population provided some form of unpaid care (The census form asked whether people provided unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age). Written information was available to direct carers to the various avenues of support available to them. The practice

intended to improve the support offered to carers, by offering an annual health check. They had been unable to offer this service in 2015-16 due to staffing levels, but planned to start offering this service during 2016-17.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the local initiative to deliver support to patients in care homes through local integrated teams.

- The practice offered extended hours every working day between 7am and 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open between 7am and 6pm Monday to Friday. Appointments were normally offered from 7am to 11:30am every morning and 2pm to 6pm each afternoon daily. Extended surgery hours were offered each morning between 7am and 8am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey published in July 2016 with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages.

- 83% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 82% and a national average of 85%.
- 96% said the last appointment they got was convenient. This compared with the CCG average of 94% and a national average of 92%.
- 88% of patients were satisfied with opening hours. This compared with the CCG average of 79% and a national average of 76%.
- 96% found it easy to get through to this surgery by phone. This compared with the CCG average of 79% and a national average of 73%.

- 80% described their experience of making an appointment as good. This compared with the CCG average of 75% and a national average of 73%.
- 63% felt they don't normally have to wait too long to be seen. This compared with the CCG average of 62% and a national average of 58%.

Patients told us they sometimes struggled to get appointments, but this had been more the case over the last four to five months due to the unexpected retirement or resignation of two GPs from the practice. The practice had recognised this was an area where they needed to improve. They had provided information to their patients on their website and within the practice waiting area, to inform patients of the difficulty they were experiencing. The practice had recruited staff to address this and now had two GP partners and two salaried GPs, which had increased clinical capacity back to the expected level. They expected this would improve appointment availability, and in time patient satisfaction levels with access.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its 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, including notices in the reception area and patient leaflets.

We looked at three complaints received in the last 12 months and found the practice responded to complaints they received; they apologised where necessary; and, gave the complainant advice on what to do if they were unhappy with the response to their complaint. Although we found

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

the practice did identify learning from the complaints they received, there was further scope to improve. We discussed one of the complaints, relating to a death of a patient, where audit might have helped the practice to extract more learning.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement was to support and empower patients to take ownership and be part of decisions made about their health and social care. To continually strive to ensure that patients receive an excellent patient experience.
- We found the practice had a clear but informal strategy which reflected the vision and values. It was evident in discussions we had with staff throughout the day that it was a shared vision and was fully embedded in staff's day-to-day practice. However, they had not developed this into supporting business plans. The practice told us they had been through a turbulent few months. This had included changes within the partnership and staffing difficulties. They told us they felt they had now come through this, and felt they were in a position to move forward.

### Governance arrangements

The practice had some governance arrangements in place, but there were areas that needed improvement.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had refined this recently to delegate leadership roles across the practice.
- There was a programme of clinical and internal audit. However, it was not clear how the practice used this to demonstrate quality improvement. The selections of topics for audit were generated by individual clinician areas of interest and the practice had not considered how they could use audit to support them to improve as a practice.
- Practice specific policies were implemented and were available to all staff. However, the practice did not have a clear process in place for reviewing and updating these. Although there was an anticipated date for review recorded on policies, we found some of these had been missed. For example, the practice policy on the Mental Capacity Act 2005 was last reviewed in April 2014.

- The practice did maintain an understanding of their performance, and used local and national benchmarking data to identify areas where they could improve.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff records were disorganised and not all the expected information was retained or available.
- The practice had recently started offering a coil fitting service, but was not registered with the Care Quality Commission for the relevant regulated activity. This was an oversight by the practice, and when highlighted, they told us they would take action to address this.

### Leadership, openness and transparency

We found partners in the practice prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Requires improvement 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. They sought patients' feedback and engaged patients in the delivery of the service. The practice planned to carry out their own patient survey within the next few months.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG in place; however, the practice thought they could improve the way this worked to increase the opportunity to gather a diverse range of patient views. Therefore, they told us they planned to reinvigorate it. They had participated in improvement work with local Healthwatch to support

them in developing their approach to the PPG. The practice encouraged patients to join the group, both with notices in the reception area and on their website. However, they still struggled to get enough patients interested to support a diverse PPG, which reflected the local community.

- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice team participated in local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local initiative to deliver support to patients in care homes through local integrated teams.



## 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 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. The practice had not maintained complete and accurate records about the management of the service and relating to staff members employed to deliver the service. They had not used the full range of information available to them about the quality and safety of the service to support them to improve, including targeted use of audit and learning from complaints and significant events.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>