

Houghton Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Houghton Medical Group on 5 January 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- The practice had recently reviewed and changed their appointment system and were monitoring its effectiveness. Urgent appointments were 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

There was evidence of effective medicines management. The practice was clean and hygienic and good infection control arrangements were in place.

Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 97% of the points available (local CCG average 95.7% and national average 93.5%). Managers were aware of the areas where they needed to improve and were dedicated to improvement. Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above local and national averages.

Good



Summary of findings

There was evidence of clinical audit activity and improvements made as a result of this. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Staff had received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2015 were generally slightly lower than CCG and national averages in respect of providing caring services. For example, 83% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 88%) and 86% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 91% of respondents felt the nurse treated them with care and concern (CCG average 93% and national average of 90%). 84% of patients felt the GP treated them with care and concern (CCG average 88% and national average 85%).

Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

The practice's scores in relation to access in the National GP Patient Survey were variable when compared with local and national averages. The most recent results (July 2015) showed that 74% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and the

Good



Summary of findings

national average of 65%. However, 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

The practice was able to demonstrate that it continually monitored the needs of their patients and responded appropriately. The practice had recently carried out smarter working reviews of the appointment system and the way in which they dealt with secondary care communications and had made improvements as a result of this.

The practice had become involved in a number of initiatives to improve services. This had included ensuring the service was more accessible for young people and people with a learning disability. The practice was also participating in a local care homes integrated teams project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.

Are services well-led?

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

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. There was an active Patient Participation Group (PPG) which met on a regular basis and worked with the management team to monitor services and implement improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

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 and patients at high risk of hospital admission and those in vulnerable circumstances had comprehensive care plans.

The practice maintained a palliative care register and held open days to administer flu vaccinations.

The practice held multi-disciplinary unique care meetings to discuss vulnerable patients and those with complex long term conditions with a view to avoiding admission to hospital.

The practice was also participating in a local care homes integrated teams project to improve services and support available for older people.

Good



People with long term conditions

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

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. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term conditions, such as diabetes.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this

Good



Summary of findings

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 compared with the local CCG average of 97.1% and national average of 97.4%.

The practice offered smoking cessation and weight management advice and support.

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 processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with or above the national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.1% to 100% (compared with the CCG range of 96.6% to 100%). For five year olds this ranged from 95.3% to 100% (compared to CCG range of 31.6% to 98.9%).

The practice's uptake for the cervical screening programme was 79.4%, which was higher than the clinical commissioning group (CCG) average of 77.2% and national average of 74.3%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

The practice had obtained the 'You're Welcome' accreditation to ensure their services were accessible to children and young people and met their needs. There was a separate youth section on the practice website containing relevant health information. The practice was also participating in locality projects around childhood obesity and teenage sexual health.

The practice was proactive in ensuring that medication reviews were carried out regularly in respect of any child under the age of 16 to ensure they were taking the correct dose of medicine regularly.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

The needs of the working age population, those recently retired and students had been met. The practice was open from 7.30am to 6pm on a Monday, Tuesday and Wednesday (GP appointments available from 7.30am to 5.10pm), from 8.30am to 6pm on a Thursday (GP appointments available from 8.30am to 4.50pm) and from 8am to 6pm on a Friday (GP appointments from 8am to 5.10pm). Early morning nurse appointments were also available on Mondays and Wednesdays.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. The practice also a text message appointment reminder service and travel vaccinations.

People whose circumstances may make them vulnerable

Good



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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. Longer appointments for people with a learning disability were routinely available.

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.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

The practice worked with the Sunderland People First initiative to improve access to services for patients with a learning disability. The practice had also signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

At 89.7% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was higher than the national average of 84%.

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.

All practice staff were trained as dementia friends. The practice regularly referred patients with mental health issues to wellbeing services who were able to support patients to achieve and maintain a sense of health, wellbeing and happiness. A mental health well-being guide was available on the practice website.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published on 2 July 2015 showed the practice was performing in line with local and national averages. 319 survey forms were distributed and 131 were returned, a response rate of 41.44%. This represented 2.8% of the practice's patient list.

- 84.5% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 76.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.9%, national average 85.2%).
- 86.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 84.8%).
- 84.3% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80.5%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly positive about the standard of care received. Words used to describe the practice and its staff included

outstanding, professional, caring, sympathetic, empathetic, excellent, polite and brilliant. Two of the cards contained negative comments in relation to dissatisfaction with the waiting time for a routine appointment.

We spoke with seven patients during the inspection, three of whom were members of the practice patient participation group. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, they also said that it was sometimes difficult to get a routine appointment within an acceptable timescale. The most recent survey the practice had carried out was with its young patients in November 2015. The results showed that 93% felt the practices opening hours were flexible enough to meet their needs and that appointment availability was suitable.

In advance of the inspection we also spoke with attached staff who worked closely with, but were not employed by the practice. This included a community midwife, district nursing sister and a health visitor. They all reported that they had no concerns in respect of the practice, that there was effective communication and the practice GPs were responsive to their requests for information and advice

Houghton Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Houghton Medical Group

The practice is located in the Houghton-le-Spring area of Tyne and Wear to the South of the River Wear. The practice provides care and treatment to 7,808 patients from Houghton-le Spring, Fencehouse, Chilton Moor and the surrounding areas. It is part of the NHS Sunderland Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

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

Houghton Medical Group, Houghton Health Centre, Church Street, Houghton-le-Spring, Tyne and Wear, DH4 4DN

The practice is located in a modern purpose built two storey building which was erected in 1977. The premises are shared with another GP practice, a chiropodist, a dentist, district nurses and social workers. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. On-site parking is available, which includes dedicated disabled parking bays.

The practice opening and appointment time are as follows:

Monday 7.30am to 6pm – appointments with a GP available from 7.30am to 5.10pm and with a nurse from 7.30am to 5.45pm

Tuesday 7.30am to 6pm – appointments with a GP available from 7.30am to 5.10pm and with a nurse from 8.30am to 5.45pm

Wednesday 7.30am to 6pm – appointments with a GP available from 7.30am to 5.10pm and with a nurse from 7.30am to 5.15pm

Thursday 8.30am to 6pm – appointments with a GP available from 8.30am to 4.50pm and with a nurse from 8.30am to 5pm

Friday 8am to 6pm – appointments with a GP available from 8.30am to 5.10pm and with a nurse from 8am to 5pm

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

Houghton Medical Group offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, new patient health checks, childhood immunisations, cervical screening, travel advice, contraception and minor surgery. The practice consists of:

- Six GP partners (five female and one male)
- Two practice nurses (both female)
- A practice manager and assistant practice manager
- Ten administrative/reception staff

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed slightly more patients than the national average in the 65-84 year age

Detailed findings

group. All other age groups were comparable to the national average. Average life expectancy for the male practice population was 77 (national average 79) and for the female population 80 (national average 83).

Why we carried out this inspection

We inspected this service as part of our new 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, practice nurses, the practice manager and administration and reception staff. We spoke to seven patients, three of whom were members of the practice patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 24 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff who worked closely with, but were not employed by, the practice.

Are services safe?

Our findings

Safe track record and learning

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

- Staff were well aware of their roles and responsibilities in reporting and recording significant events. The practice had an up to date significant event policy and reporting form
- Significant events were analysed and reviewed as a standing agenda item at monthly practice meetings.

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, a request for an urgent same day home visit had been put onto a GPs list for the following day in error. This led to the appointment system being amended to ensure that home visit slots were embargoed until 7.30am each day.

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 Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received appropriate training and a Disclosure and Barring Service (DBS) check (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and a comprehensive cleaning schedule was in place. There was an infection control protocol in place and staff had received up to date training. Infection control audits, including annual hand hygiene audits were undertaken
- An effective system was in place for the collection and disposal of clinical and other waste.
- 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 team, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Patient Group Direction allows registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Where a DBS check was not felt necessary a risk assessment was in place detailing why.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had up to date fire risk assessments and carried out fire drills on an annual basis, the last one being July 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

Are services safe?

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. All administrative staff had received training to enable them to cover each other's duties to aid business continuity. The practice rarely used locum GPs but when this was necessary an effective locum induction pack was in operation

Arrangements to deal with emergencies and major incidents

The practice had good 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.
- 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available to them compared with the local clinical commissioning group (CCG) average of 95.7% and national average of 93.5%. At 6.9% their clinical exception rate (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) was below the local CCG average of 10.8% and national average of 9.2%. This suggests that the practice operated an effective patient recall system, where staff were focussed on following patients up and contacting non-attenders.

- Performance for diabetes related indicators was higher than the local CCG and national averages (96.5% compared to the CCG average of 93.5% and national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was higher than average (100% compared with a CCG average of 98.5% and national average of 97.8%)
- Performance for mental health related indicators was comparable with averages (92.3% compared with a CCG average of 91.8% and national average of 92.8%).

The practice participated in the medicines optimisation local incentive scheme and were able to show that they

were under budget in terms of prescribing costs. They monitored their antibiotic prescribing effectively and were able to evidence that they were the lowest prescriber of antibiotics in the Coalfields locality area.

The practice was able to demonstrate that it had carried out comprehensive clinical audit activity to help improve patient outcomes. We saw evidence of two cycle audits, including one used to review patients prescribed tetracyclines (broad spectrum antibiotics) for acne to ensure they were being monitored effectively to check for side effects. The audit led to new practice guidance being issued dictating that the medicine should not be placed on repeat prescription and a number of patients were identified as needing a liver function test.

The practice had a palliative care register and held monthly multi-disciplinary palliative care meetings discuss the care and support needs of palliative care patients and their families.

Effective staffing

The staff team included medical, nursing, managerial and administrative staff. The partnership consisted of six GP partners. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (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 nurses reported they were supported in seeking and attending continual professional development and training courses.

All staff had received an annual appraisal from which personal development and training plans were developed. Staff had also undertaken 360° appraisals to gather feedback from colleagues.

We looked at staff cover arrangements and identified that there were sufficient GPs on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible and holidays were planned well in advance. Steps had been taken to ensure administrative

Are services effective?

(for example, treatment is effective)

staff had all received training in each other's roles. The practice manager told us that they had not used any locum GPs in the past year, mainly due to difficulties experienced in being able to get locum cover. However, when they did use one an effective locum induction pack was in operation.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly 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 recorded the outcome of the assessment.

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 131 patients who participated in the National GP Patient Survey published in July 2015, 78.2% reported the last GP they visited had been good at involving them in decisions about their care. This compares to a national average of 81.4% and local clinical commissioning group average of 84.9%. The same survey revealed that 84.6% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 84.8% and local CCG average of 89.4%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

The practice's uptake for the cervical screening programme was 79.4%, which was higher than the CCG average of 77.2% and national average of 74.3%.

Childhood immunisation rates were comparable with local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.1% to 100% (compared with the CCG range of 96.6% to 100%). For five year olds this ranged from 95.3% to 100% (compared to CCG range of 31.6% to 98.9%).

Flu vaccination rates were above average. For the over 65s this was 74.9% (national average 73.3%), and for at risk groups 56% (national average 53.4%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and new patient health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had carried out 364 NHS health checks during the period December 2014 to December 2015.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 and that people were treated with dignity and respect.

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

We received 24 completed CQC comment cards, the majority of which were very complementary about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with seven patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.

- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patient satisfaction was low in relation to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 87%.
- 83% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 86% 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%.
- 89% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Practice staff told us that they were aware of the results and were taking steps to improve. This included carrying out 360° appraisals and plans to employ a practice pharmacist to reduce the demand on clinical staff.

The practice had access to a translation service for patients who did not have English as a first language. The practice also had a hearing loop for patients with hearing difficulties. The practice worked closely with the local carers centre to ensure they were offered appropriate advice and support and annual health checks.

Are services caring?

Patients with a learning disability were routinely offered longer appointments. The practice had invited representatives from Sunderland People First into the practice to assess how accessible they were for people with a learning disability and had made improvements as a result of this. The practice had also signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

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 has identified a lead member of staff for carers and the practice computer system alerted GPs if a patient was a carer. Carers were routinely signposted to the local carers centre and offered an annual health check. The practice had recorded 142 of its patients as being a carer.

Staff told us that a practice booklet offering practical advice was available for patients who had suffered bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population planned services accordingly. Services took account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them. Patients with a learning disability were routinely offered a longer appointment.
- Home visits were available for older patients, housebound patients and patients who would benefit from these. For example, to administer flu vaccinations and annual health checks for patients with a learning disability living in a local residential home.
- There were disabled facilities and translation services available. The practice had a hearing loop
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services such as being able to book an appointment or request a repeat prescription. An appointment text message reminder service was available on request
- The practice had recently reviewed and changed its appointment system and the process in which they dealt with electronic mail as part of a smarter way of working transformation programme.
- The practice had worked with the Sunderland People First initiative to improve access to service for patients with a learning disability
- The practice had obtained the 'You're Welcome' accreditation to improve access to service for children and young people
- The practice was involved in the 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community
- As part of a locality initiative the practice had agreed to host debt management advisors for two half day sessions per week with effect from early 2016
- The practice participated in the BIG project, a multi-agency programme to support men and women who are the perpetrators of domestic abuse
- The practice was also participating in a local care homes integrated teams project. This project involved working

collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.

Access to the service

The practice was open from 7.30am to 6pm on a Monday, Tuesday and Wednesday (GP appointments available from 7.30am to 5.10pm), from 8.30am to 6pm on a Thursday (GP appointments available from 8.30am to 4.50pm) and from 8am to 6pm on a Friday (GP appointments available from 8am to 5.10pm). Early morning nurse appointments were also available on Mondays and Wednesdays.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was variable when compared with local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 75%.
- 85% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 73% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 71% and the national average of 65%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but it was sometimes difficult to get a routine appointment within a reasonable timescale.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available in the practice to advise patients how to make complaints. The practice website also contained guidance on how to make a complaint

The practice had recorded six complaints during the period 1 April 2014 to 31 December 2015 and a further four from the 1 January 2015 to the date of our inspection. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Lessons

were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint in respect of staff attitude when dealing with a young person had led to the practice working towards the 'You're Welcome' accreditation to ensure the practice was young person friendly and young people felt comfortable discussing sensitive issues with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a detailed mission statement for staff, patients and the local area entitled 'Care is Our Business'. For patients this was:

- To provide an environment that is welcoming, caring and accessible
- To treat everyone equally and with dignity and respect
- To provide safe and effective healthcare appropriate to patients' needs, keeping up to date with new developments
- To listen and respond to feedback

The practice did not have a formal business plan but practice management told us that forward planning, including ongoing succession planning was regularly discussed at partner's meetings. Leadership priorities for the year included looking at the benefits of employing their own pharmacist to carry out face to face reviews with patients which would free up GP appointment time.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 the practice held regular team meetings. There was evidence of minuted monthly administrative team meetings, monthly clinical meetings and monthly management meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt 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 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

There was an active PPG which met on a quarterly basis. They had been involved in designing carer's information leaflets, reviewing anonymised complaint information,

Are services well-led?

Good 

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

obtaining the 'You're Welcome' accreditation and reviewing practice leaflets to make them easier to read and understand as part of the Sunderland People First initiative. Members of the PPG that we spoke with stated that they felt able to submit proposals for improvements to the practice management team and felt confident that these would be considered. Some PPG members were also part of a wider locality patient group, the Coalfields Patient Forum who met on a regular basis to discuss matters affecting patients in the area

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice had undertaken peer review safety assessments, recently reviewed and changed its appointment system and reviewed the process in which they dealt with electronic mail as part of lean workshop transformation programmes.

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- The Sunderland People First initiative to improve access to service for patients with a learning disability
- The 'You're Welcome' accreditation to improve access to service for children and young people
- The 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community
- As part of a locality initiative the practice had agreed to host debt management advisors for two half day sessions per week with effect from early 2016
- Participating in the BIG project, a programme to support men and women who are the perpetrators of domestic abuse
- The practice was also participating in a local care homes integrated teams project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.