Herrington Medical Centre

Quality Report

Philadelphia Lane, Houghton Le Spring, Sunderland,
DH4 4LE
Tel: 0191 584 2632
Website: www.herringtonmc.nhs.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Herrington Medical Centre on 19 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had taken steps to ensure those patients who may suffer from poor access to primary care, were supported to have good access for example patients with learning disabilities and those living in care homes.
- 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.

We saw an area of outstanding practice:

- A visit from a local support agency for people with learning disabilities found good practice around supporting patients with learning disabilities to access

Summary of findings

annual health checks. The practice took a proactive approach to encourage these patients to access routine health checks and screening. For example, the practice told us when several patients with learning disabilities lived together in a small group home, the practice had arranged to go out and talk to them about regular health checks, such as cervical screening or bowel cancer checks. This helped these patients understand the importance of these checks and to understand how they would be carried out.

An area where the provider should make improvement is:

- Ensure the training needs of staff are identified on an ongoing basis, and personal development plans identify when staff need to undertake refresher training during the year to ensure training is timely.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Practice staff had contributed to a project providing multi-disciplinary care into care homes, to reduce the risk of emergency admissions and A&E attendance. The project demonstrated the approach had worked. The practice were part of the new integrated teams introduced as a result of the project.
- 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. There were some gaps in staff having attended mandatory training.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice highly for several aspects of care, and results were mostly in line with comparators.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. On a Saturday appointments were available between 8:50 and 10:50am
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had made steps to make their service more accessible for patients who may be at risk of poor access to primary medical services. For example, they had arrangements in place to support patients with learning disabilities to access their services. A local support services for patients with learning disabilities had visited in October 2015 and found areas of good practice around annual health checks for patients with learning disabilities.
- The practice had links with a local support service for male victims of domestic abuse.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good 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 this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group meet regularly and was used to drive improvement in the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Practice staff had contributed to a project providing multi-disciplinary care into care homes, to reduce the risk of emergency admissions and A&E attendance. The project demonstrated the approach has worked. The practice were part of the new integrated teams introduced as a result of the project.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the practice's performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was slightly better than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice's performance for this indicator was 13.9 compared to the national average of 15.9.

People with long term conditions

Good

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

- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93.4%, compared to a national average of 88.3%.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.1% to 100% and five year olds from 93.5% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.
- 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.
- Nationally reported data showed the practice had performed in line with or above the national average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care. On a Saturday appointments were available between 8:50 and 10:50am
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was above the national average. 94.3%of patients had a reading measured within the last five years, compared to 91% nationally.

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 patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments. A visit from a local support agency for people with learning disabilities found good practice around supporting patients with learning disabilities to access annual health checks. The practice took steps to encourage these patients to access routine health checks and screening. The practice told us when several patients with learning disabilities lived together in a small group home, the practice had arranged to go out and talk to them about regular health checks, such as cervical screening or bowel cancer checks. This helped these patients understand the importance of these checks and to understand how they would be carried out.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations. The practice had links with a local support agency for male victims of domestic abuse.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

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).

- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 80.8% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 81.5% 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 national average of 88.5%. However, we found the practice had a thorough holistic approach for reviewing the needs of patients with mental health conditions.
- 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 90.9% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in date July 2015 showed the majority of patients who responded were satisfied with their overall experience of the GP surgery (at 87.4%), this was lower than the local Clinical Commissioning Group (CCG) average (at 88.1%) and higher than the England average (at 84.8%). There were 330 survey forms distributed for Herrington Medical Centre and 126 forms were returned. This is a response rate of 38.2% and equated to 1.8% of the practice population.

- 94.8% 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%.
- 90.1% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 89.5% 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%).
- 91.8% said the last appointment they got was convenient (CCG average 93.2%, national average 91.8%).
- 80.3% described their experience of making an appointment as good (CCG average 76.2%, national average 73.3%).
- 60.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.8%, national average 64.8%).
- 87.3% would recommend the practice to someone new to the 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 three comment cards, which were positive about the standard of care received. Patients told us they had enough time with clinicians who always explained things to them so they could understand and overall, staff were friendly, caring and respectful. One patient commented it could be difficult to get an appointment with a clinician of choice sometimes.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they could get appointments when needed and staff provided them with information about healthy living and invited them in for routine reviews and screening tests when required.

This was also reflected in the national friends and family test (FFT) results. (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). In the month of December 100% of patients completing the test said they were either 'extremely likely' (86%) or 'likely' (14%) to recommend the service to family and friends. There were also similar trends for previous months.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the training needs of staff are identified on an on going basis, and personal development plans identify when staff need to undertake refresher training during the year to ensure training is timely.

Summary of findings

Outstanding practice

- A visit from a local support agency for people with learning disabilities found good practice around supporting patients with learning disabilities to access annual health checks. The practice took a proactive approach to encourage these patients to access routine health checks and screening. For example, the practice told us when several patients with learning disabilities lived together in a small group home, the practice had arranged to go out and talk to them about regular health checks, such as cervical screening or bowel cancer checks. This helped these patients understand the importance of these checks and to understand how they would be carried out.

Herrington Medical Centre

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 manager specialist advisor.

Background to Herrington Medical Centre

CQC has registered Herrington Medical Centre to provide primary care services. The practice provides services to approximately just over 7100 patients from one location, Herrington Medical Centre, Philadelphia Lane, Houghton Le Spring, Sunderland DH4 4LE, which we visited as part of this inspection.

Herrington Medical Centre is a medium sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract. They are situated in the Houghton le Spring area. The practice is part of the NHS Sunderland clinical commissioning group (CCG). All patient services are delivered from the ground floor.

The practice has four GP partners, of which three are male and one is female. One of the partners had applied to join the CQC registered partnership and the CQC were considering this application. In addition, there is a female GP, a practice manager, an assistant practice manager, four practice nurses, a phlebotomist, a team of eight administrative and reception staff and two domestic staff. The practice is a training practice and supports GP trainees.

The surgery is open 8.20am to 6.00pm, Monday to Friday. Extended hours surgeries were offered on a Saturday morning between 8:30am and 12pm for those patients unable to attend during normal working hours.

The consultation times are between 8:30am to 11:30am and 2:00pm to 5:30pm Monday to Friday. On a Saturday, appointments are available between 8:50 and 10:50am. Phone lines for appointments and other routine requests are open between 8:30am to 12pm and 1:30pm to 6pm each weekday and between 8:30am and 12pm each Saturday. In addition, urgent cover for calls is provided between 12-1:30pm each week day.

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).

Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 78 years, which is one year lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 43.3% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is higher than the national average (62.9% compared to 48.8% nationally).

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 provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff (including three GP partners, the salaried GP, the nurse practitioner, a practice nurse, the practice manager, the assistant practice manager, three reception and administration staff and two domestic staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Good

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 practice carried out a thorough analysis of the significant events.

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, following concerns shared by a patient about confidentiality of correspondence, the practice considered this through the significant events process. As a result they made changes to ensure correspondence was appropriately addressed when patients lived at the same address, with the same initial and surname, to reduce the risk of similar incidents occurring.

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. The practice had a process in place to check changes identified through significant events were implemented successfully.

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. 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 and we saw evidence some action was taken to address improvements identified as a result. There were some outstanding actions relating to general refurbishment and replacing of chairs with ones which were washable. The practice had identified these actions, but had not put in place a detailed resourced plan as to when this would happen. Practice staff told us they planned to address this within a larger refurbishment of the practice, but on reflection might consider bringing forward elements of this to improve infection control arrangements in the short term. There were cleaning schedules in place, but these lacked detail. They focused on daily tasks, but did not clearly set out those tasks which were carried out less frequently, for example, monthly or six monthly. They did not reflect the full range of tasks the domestic staff told us they did.
- 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. However, the practice did not have checks in place as to which prescriptions had been used, which would make it difficult for them to identify if any were missing. One of 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.

Good

Are services safe?

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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number 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. 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.

Good

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality and Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 99.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.2%. The practice had 11.1% 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 practice was an outlier for one indicator from QOF (or other National) clinical targets:

- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. A CHADS2 score rates the risk for patients with atrial fibrillation based on identified major stroke risk factors.) The practice score was 89.65% compared to National average of 98.36%. We spoke with the practice about this and they confirmed they had carried out a full audit cycle on this. We reviewed this audit and found significant improvement in care in year, with the practice now achieving 100% anticoagulation rate.

Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 97.7% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93.4%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 95.8%, compared to a national average of 94.5%.
- The percentage of patients with hypertension having regular blood pressure tests was slightly lower than the national average. 78.1% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 80.8% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 81.5% 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 national average of 88.5%. The practice told us they booked triple appointments to allow them to thoroughly review the needs of patients with a mental health issue and complete a holistic assessment. We saw an example of a mental health review consultation. We found this was very thorough and holistic. It covered physical and mental health, as well as emotional and carer wellbeing.
- 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 90.9% (compared to a national average of 84.0%).

The practice's performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was slightly better than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice's performance for this indicator was 13.9 compared to the

Good

Are services effective?

(for example, treatment is effective)

national average of 15.9. We spoke with the practice about this who told us they used local benchmarking information and attended meetings to discuss good practice locally in referrals and following up emergency admissions.

The practice was part of a project to improve access to health care in care homes locally. This project included a number of health organisations, including GP practices in the Coalfields area of Sunderland. As a part of the project GP staff visited care homes, as part of a multi-disciplinary team, to provide care and develop and implement person-centred care plans focused on reducing emergency admissions to hospital. As part of the evaluation of the project, it was found emergency admission rates overall fell from 36 per month to an average of 20 per month. This was calculated to equate to a financial impact saving of £480,000 per full year. Attendance at accident and emergency departments fell from an average of 56 per month to an average of 31 per month, equating to a financial impact saving of £27,000 for the full year. This data related to all patients in the Coalfields area, not just those from the practice's patient list. The project had led to the implementation of integrated teams within the Coalfields area, of which the practice staff were part of.

Clinical audits demonstrated quality improvement.

- The practice sent us two complete clinical audits cycles prior to the inspection, where the improvements made were implemented and monitored. They also showed us a number of others clinical audits during the inspection.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included monitoring the respiratory care provided to patients with asthma and/or chronic obstructive pulmonary disease (COPD) to ensure it reflected clinical guidelines. (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.)

Information about patients' outcomes was used to make improvements such as; comparative prescribing data for prescribing of antibiotics and laxatives to ensure it reflected local priorities and was in line with other local practices.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their 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 revalidating GPs. All staff had had an appraisal within the last 12 months. Appraisals and personal development plans for all staff members were informed by a 360 degree feedback on an annual basis.
- 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. There were some gaps in mandatory update training for some staff. The manager was identifying this through the appraisal process and developing personal development plans for staff. However, we were concerned where training updates were required in year, these would not be identified until the appraisal took place.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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 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 monthly 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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, patients with learning disabilities, patients with mental health conditions, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85.6%, which was higher than 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 encouraged the uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer.

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 95.1% to 100% and five year olds from 93.5% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.

Flu vaccination rates for the over 65s were 76.9%, and at risk groups 52.2%. These were in line with the national averages of 73.2% and 53.4% respectively.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; 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 of the three patient Care Quality Commission 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 spoke with seven patients, including two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 88.5% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 87.9% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.
- 94.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 83.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%.
- 92.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.4%.
- 90.1% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.0%.
- 82.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Practice staff told us they had been proactive in identifying carers. They had identified 151 carers, which equated to 2% of the practice list. Staff had attended carers awareness training provided by a local carers organisation. Carers were offered an annual health check with the practice nurse, which also covered emotional and financial support required. Where agreed with the patient, those

Good

Are services caring?

with caring responsibilities were referred to the local carers organisation and others agencies who may be able to offer support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was an identified member of administrative staff who contacted other health and care services to inform them of the death to reduce the risk of correspondence being sent to the person who had died, which might cause distress to family members.

Good

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 their 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 an active participant in a pilot delivering multi-disciplinary care to patients in local care homes. The practice continued to deliver this support through local integrated teams once the pilot had ended. They also participated in the CCG led carers improvement scheme to promote wellbeing of carers through primary care.

- The practice offered a 'Commuter's Clinic' on a Saturday mornings for working patients who could not attend during normal opening hours. This was for pre-booked appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had links with a local support agency for male victims of domestic abuse.

A local support agency for people with learning disabilities visited the practice in October 2015. People with learning disabilities from this agency visited the practice to check on the quality of the health service provided to patients with learning disabilities. The report from this visit noted a number of areas where the practice tailored their services to the needs of patients with learning disabilities. In particular, they identified uptake and support for annual health checks for patients with learning disabilities as an area where the practice did very well. They found a GP and practice nurse carried out these checks together. These were also offered to patients to take place during a home visit, to make sure patients felt comfortable. The practice told us when several patients with learning disabilities lived together in a small group home, the practice had arranged to go out and talk to them about regular health checks, such as cervical screening or bowel cancer checks. This helped these patients understand the importance of these checks and to understand how they would be carried out.

Access to the service

The surgery was open between 8.20am to 6.00pm, through Monday to Friday. Extended hours surgeries were offered on a Saturday morning between 8:30am and 12pm for those patients unable to attend during normal working hours.

Appointments were available between 8:30am to 11:30am and 2:00pm to 5:30pm Monday to Friday. On a Saturday, appointments were available between 8:50 and 10:50am. 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 with how satisfied patients were with how they could access care and treatment was broadly in line with national and local CCG averages.

- 89.5% said they were able to see or speak to someone last time they tried, compared to a local CCG average of 83.9% and England average of 85.2%.
- 91.8% of patients found the appointment was very or fairly convenient, compared to an average of 93.2% in the local CCG area and 91.8% across England.
- 70.2% of patients were satisfied with opening hours, compared to a local CCG average of 81.2% and England average of 74.9%.
- 94.8% 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%.
- 80.3% described their experience of making an appointment as good compared to a CCG average 76.2% and a national average of 73.3%.
- 60.2% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 70.8% and a national average of 64.8%).
- 65.3% said they felt they normally do not have to wait too long to be seen compared to a CCG average 65% and a national average of 57.7%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available for patients and information on how to complain was included on the practice website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice was open and transparent in the way it handled complaints. Even where patients did not want to take their concerns through the complaints process, the practice investigated and identified learning and improvements. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had improved processes for communication about prescriptions for surgical stockings following a complaint.

However, the practice did not provide patients with details of organisations where they could take their complaint if they were not satisfied.

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 clear vision to deliver high quality care and promote good outcomes for patients. The business plan was last updated in 2011, but the practice showed us the proposals for an updated strategy, which they planned to pull into a supporting business plan. We saw these reflected the vision and values of the practice.

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
- 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 prioritised 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 patients 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.
- 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. We noted team away days were held regularly.
- 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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice promoted the use of on-line services following feedback from the group.
- The practice had gathered feedback from staff through 360-degree feedback for all staff, staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the continued to deliver support to patients in care homes through local integrated teams. They also participated in the CCG led carers improvement scheme to promote

Are services well-led?

Good

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

wellbeing of carers through primary care. The practice participated in local audits and benchmarking to identify and understand their performance, and identify areas where they could improve.