Dr Ahmed El Safy

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ahmed El Safy on 8 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice offered pre-bookable evening appointments one day per week with the GP. The practice was also one of 16 practices in the West locality of Sunderland who were part of the extended access scheme. Patients could pre-book appointments with a GP at a local health centre between 6pm and 8pm Monday to Friday and between 10am and 2pm at weekends due to the scheme. This improved access for patients who worked full time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Formalise arrangements for the routine checking of professional registrations

Summary of findings

- Formulate, implement and embed a policy and guidance for staff to follow for the identification and reporting of significant events. The practice was potentially missing the opportunity to learn and improve from positive and near miss events, as well as those that were detrimental to the outcome.
- Review the areas covered by the infection control audit used, in line with the latest guidance.
- Ensure that clinical audits include at least two cycles. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

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. Staff understood their responsibilities to raise concerns, and to report incidents. We found significant events were recorded, investigated and learned from; however the practice should formulate, implement and embed a policy and guidance for staff to follow. Risks to patients were assessed and well managed. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them; however the practice should formalise arrangements for the routine checking of professional registrations. Good infection control arrangements were in place and the practice was clean and hygienic. The practice should review the areas covered by the infection control audit used, in line with the latest guidance. The practice should also review their domestic cleaning schedules to ensure they remain effective, in light of the number of hours the cleaner was employed. There was enough staff to keep patients safe. Care and treatment was provided in a safe way for service users through the proper and safe management of medicines.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. The practice should ensure that clinical audits include at least two cycles. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Summary of findings

about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

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

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear set of aims and objectives. Staff were clear about their responsibilities in relation to these. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a virtual patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

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

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The nurse practitioner took a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients were offered a structured review at least annually to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice maintained a palliative care register which was reviewed on a regular basis and discussed at multidisciplinary meetings.

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. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered pre-bookable appointments with the GP until 7.15pm on Thursday evenings and patients could also use the extended access scheme to see a GP on evenings and weekends. 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. NHS health checks were offered to patients between the ages of 40 and 74.

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. It had carried out annual health checks for people with a learning disability and all of these patients had received a follow-up in 2014/15. It offered longer appointments for people with a learning disability and anybody else who required one.

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

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had agreed care plans in place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out care planning for patients with dementia. 90.9% of patients identified as living with dementia had received an annual review in 2013/14 and had agreed care plans in place.

Summary of findings

The practice's dementia diagnosis rate had been lower than the CCG and national averages in 2013/14; however the practice had improved this significantly since then (increasing the number of patients diagnosed as living with dementia from 11 to 20).

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with seven patients in total; five patients on the day of the inspection and two patients the day after the inspection who were also members of the practice's virtual Patient Participation Group (PPG). They were complimentary about the services they received from the practice. They told us the staff who worked there were helpful and friendly. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

The National GP Patient Survey results published in July 2015 showed the practice was performing above local and national averages in many areas. There were 299 surveys sent out and 103 responses received, which represents a return rate of 34%.

- 95% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 71%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 93% 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%.
- 97% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 98% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 75% and a national average of 68%.
- 89% feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

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

Areas for improvement

Action the service SHOULD take to improve

- Formalise arrangements for the routine checking of professional registrations
- Formulate, implement and embed a policy and guidance for staff to follow for the identification and reporting of significant events. The practice was potentially missing the opportunity to learn and improve from positive and near miss events, as well as those that were detrimental to the outcome.
- Review the areas covered by the infection control audit used, in line with the latest guidance.
- Ensure that clinical audits include at least two cycles. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Dr Ahmed El Safy

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ahmed El Safy

The practice is based in the City of Sunderland and is also known locally as Chester Surgery. The practice serves people living in the Sunderland area, including Town End Farm, Monkwearmouth, South Hylton, Pallion, Pennywell and Hendon. The practice provides services to patients from one location: 215 Chester Road, Sunderland, Tyne & Wear, SR4 7TU. We visited this address as part of the inspection.

The practice is located in a terraced property and provides services to patients at ground floor level. They offer accessible WC's and step-free access. Public parking bays for short-term use are available in the adjoining side streets. They provide services to just over 2,500 patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

The practice is a single handed GP practice with one male GP. There is also one nurse practitioner who also carries out the role of practice manager, a deputy practice manager, a senior receptionist and two further reception and administrative staff.

The practice is open between 8.30am and 6.00pm Monday to Wednesday and Friday, and between 8.30am and 7.30pm on Thursdays. Appointments with the GP were available from 9.30am to 11.20am Monday to Thursday and from 10.00am to 11.50am every Friday morning. Afternoon appointments were available from 3.00pm to 4.50pm Monday to Wednesday and from 4.00pm to 5.50pm on Thursdays. Extended hours surgeries were offered on Thursday evenings between 6.30pm and 7.15pm. Urgent appointments were also available with the GP on Friday afternoons.

Information taken from Public Health England placed the area in which the practice was located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a slightly older population than national averages. There are more patients registered with the practice over the age of 65 years than the national averages.

The service for patients requiring urgent medical attention out-of-hours is provided by the 111 service and Nestor Primecare Services Limited t/a Primecare Primary Care – Sunderland (known locally as Primecare).

Why we carried out this inspection

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

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

Detailed findings

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 Care Quality Commission at that time.

How we carried out this inspection

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

- 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. This did not highlight any areas to follow-up. We also asked other organisations to share what they knew. This included the local clinical commissioning group (CCG).

We carried out an announced inspection on 8 September 2015. We visited the practice's surgery in Sunderland. We spoke with seven patients in total and a range of staff from the practice. We spoke with the lead GP, the nurse practitioner (who also carries out the role of practice manager), the deputy practice manager, the senior receptionist and one other member of the reception and administrative support staff on duty. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed four CQC comment cards where patients from the practice had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the lead GP or practice manager of any incidents and there was also a recording form available within the practice. The practice carried out an analysis of each significant event and this also formed part of the GPs' individual revalidation process. However, there was no formal policy or guidance in place for staff to refer to with regards to what constituted a significant event. One of the aims of significant event analysis is to identify events in individual cases that have been critical (positive or negative) to the outcome and to improve the quality of patient care from the lessons learnt. By not having a formal policy or guidance for staff in place, the practice was potentially missing the opportunity to learn and improve from positive and near miss events, as well as those that were detrimental to the outcome.

We reviewed safety records, incident reports 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 significant event had been recorded following an unannounced visit to the practice by the Screening and Immunisation Team (SIT) relating to cold chain procedures in the practice. (A cold chain is a temperature-controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities which maintain a given temperature range; in this case the storage and use of vaccines and immunisations.) As a result, all staff had completed training on the cold chain and the practice had improved its cold chain procedures significantly in line with the recommendations made by the SIT.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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.
- A notice was displayed in the waiting room, advising patients of their right to request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place with a poster on the reception office door. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager (who was also the nurse practitioner) 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 were quite limited in their scope. The practice should review the areas covered by the audit in line with the latest guidance. Detailed domestic cleaning schedules were in place; however the practice should review these to ensure they remain effective in light of the small number of hours the cleaner was employed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

Good

Are services safe?

medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the DBS. There was no routine checking of the professional registrations of clinicians who worked within the practice, including that of locum GPs employed to provide cover when the lead GP was on leave. The nurse practitioner's registration was checked indirectly as the practice paid for their annual registration fee; however the practice should formalise arrangements for the routine checking of professional registrations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen. There was also a first aid kit and accident book 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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. 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

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice regularly achieved higher than local and national averages for QOF. The latest publicly available data from 2013/14 showed the practice had achieved 100% of the total number of points available, with a clinical exception reporting rate of 7.6%. The QOF score achieved by the practice in 2013/14 was 6.5% above the England average and the clinical exception rate was 0.3% below the England average. The deputy practice manager showed us the QOF performance of the practice in 2014/15 had remained high at 99.88% of the points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the local CCG and national averages. (100% compared to 93.1% locally and 90.1% nationally)
- Performance for asthma related indicators was better than the local CCG and national averages. (100% compared to 98% locally and 97.2% nationally)
- Performance for mental health related and hypertension indicators was better than the local CCG and national averages. (100% compared to 90.3% locally and 90.4% nationally for mental health; 100% compared to 89.9% locally and 88.4% nationally for hypertension)
- The dementia diagnosis rate was lower than the CCG and national averages in 2013/14; however the practice had improved this significantly since then (increasing the number of patients diagnosed as living with dementia from 11 to 20).

Reviews of data had been completed, which confirmed that effective care and treatment had been provided to patients. For example, a review of 50 minor surgical procedures carried out at the practice between April 2014 and March 2015 showed there had been no complications noted in the records for any procedure. In addition, there had been a 0% infection rate, post-excision. The results also showed 44 of the 50 procedures carried out had been for patients referred for steroid injections and all had responded to the treatment. The practice was also reviewing the effectiveness of its nurse practitioner-led triage service on an on-going basis.

None of the reviews of data or audits we reviewed had been through two full cycles, so therefore could not demonstrate improvements in outcomes for patients. The practice manager (who was also the nurse practitioner) told us they planned to complete a suitable clinical audit on the effectiveness of new medications available for the control of diabetes. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

The practice participated in applicable local audits and benchmarking. Findings were used by the practice to improve services. For example, recent action taken as a result included increasing their diagnosis rates of patients living with dementia.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

Good

Are services effective?

(for example, treatment is effective)

scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding children and adults, fire training, basic life support including cardiopulmonary resuscitation (CPR) and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and CCG-led external training at time out events.

Co-ordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice had a protocol which covered the process for seeking consent and this had been reviewed recently in July 2015.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those with learning disabilities and those at risk of developing one or more long-term conditions. Patients were then signposted to the relevant service. For example, the practice actively promoted the work of the Sunderland Carer's Centre. Copies of their monthly newsletter were placed prominently in the patient waiting area on a dedicated display.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.71% in 2013/14, which was slightly below the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable and in many cases slightly higher than the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for five year olds in 2014/15 ranged from 88.0% to 100%. Flu vaccination rates for the over 65s were 81.43%, and at risk groups 73.81%. These were also above the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for all new patients with the nurse practitioner and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients. This included patients attending the reception desk and those on the telephone. Patients 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 saw 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. A notice to this effect was displayed in the patient waiting area.

All of the four CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the practice's virtual patient participation group (PPG) the day after our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 87% said the GP gave them enough time compared to the CCG average of 88% and national average of 85%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 92%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 83%.
- 88% said the nurse was good at listening to them compared to the CCG average of 85% and national average of 78%.
- 91% said the nurse gave them enough time compared to the CCG average of 86% and national average of 79%.
- 91% said they had confidence and trust in the last nurse they saw compared to the CCG average of 90% and national average of 85%
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 77%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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. Results for GPs were in line with local and national averages and for nurses were above the local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 81%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 74%
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 76%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 65%

Staff told us that translation services were available for patients who did not have English as a first language.

Good

Are services caring?

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. For example, information was made available to patients from the Alzheimer's Society, a local psychological wellbeing service and a programme of activities organised by Age UK.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 36 patients had been identified as carers and were being supported, for example, by offering health checks and flu vaccinations. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted or visited them, depending on the individual circumstances. They were also signposted to an appropriate bereavement counselling support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) and GP practices within the West locality of Sunderland to improve outcomes for patients in the area. Some examples of this engagement included with the CCG and other practices on the extended access scheme, with the CCG on medicines optimisation and with practices in the West locality of Sunderland to improve the care and information provided to patients living with atrial fibrillation. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.

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

- The practice offered appointments on a Thursday evening until 7.15pm for patients who could not attend during normal opening hours.
- The practice was part of the West locality extended access scheme. Patients could pre-book appointments with a GP at a local health centre between 6pm and 8pm Monday to Friday and between 10am and 2pm at weekends due to the scheme. This had helped to enable patients who worked during normal surgery hours to have same day access to a GP.
- Appointments with the GP could be booked online.
- There were longer appointments available for people who required or requested them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The reception desk did not have a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff. The staff we spoke with said they came out of the reception office so they could speak with these patients appropriately. The practice was planning to make changes to the reception desk to make it more suitable for these patients.
- The practice had a supply of commonly used leaflets. This included a small selection of leaflets provided in different languages based on the practice populations' ethnic diversity.

Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. The practice could be accessed from the front of the building in Chester Road via a ramp or level access was available for patients to use at the rear of the practice.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Wednesday and Friday, and between 8.30am and 7.30pm on Thursdays. Appointments with the GP were available from 9.30am to 11.20am Monday to Thursday and from 10.00am to 11.50am every Friday morning. Afternoon appointments were available from 3.00pm to 4.50pm Monday to Wednesday and from 4.00pm to 5.50pm on Thursdays. Extended hours surgeries were offered on Thursday evenings between 6.30pm and 7.15pm. Urgent appointments were also available with the GP on Friday afternoons. In addition to pre-bookable appointments that could be booked in advance, urgent same day appointments were also available.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see the GP were available to be booked within two days. Appointments to see the nurse practitioner were also available to be booked within two days, with telephone triage slots available the next day. The practice offered same day telephone triage with the nurse practitioner, supported by the GP, too. This helped to improve same day access to the service for the practice's patients.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 71%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 98% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 75% and national average of 68%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. This included leaflets in the patient waiting area, information within the practice leaflet and on the practice's website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received seven formal complaints since June 2014 and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed with staff. A summary of complaints received by the practice was submitted to the CCG annually.

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's vision, as stated on the practice website was 'We are committed to providing high quality care to our patients and all users of our services. We aim to be professional and considerate and consistently maintain standards. To achieve this and to serve our population for the years to come we will:

- Always strive to improve our services further
- Improve our professional development regularly
- Continue to respond to the needs of others
- Improve our communication skills both medically and clerically
- Keep our own health in order to be able to serve our users to the best of our ability
- Continue to work as a team
- Monitor our practice population regularly and take action if the practice population increases significantly by employing extra staff both medically and clerically
- Continue to provide a clean, presentable and safe environment
- Respond to concerns in a timely and proactive manner
- Utilise technology to serve our population'

These priorities were reflected in the practice's statement of purpose. Staff we spoke with showed they shared these values, and they consistently spoke about the care of patients being their main priority.

The practice had identified some clinical and non-clinical objectives for the next few years. Non-clinical objectives included plans for succession planning. Clinical objectives included the continuing development of the nurse practitioner-led triage service.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Named members of staff took on lead roles. For example, the GP and nurse practitioner led on safeguarding and the nurse practitioner led on infection control.
- There were clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The practice proactively gaining patients' feedback and engaged patients in the delivery of the service. This included through the practice's virtual patient participation group and their own local patient surveys. The practice acted on any concerns raised by both patients and staff.
- The GP supported the nurse practitioner to address their professional development needs for revalidation and with their appraisal. The practice manager (who was also the nurse practitioner) supported staff in appraisal schemes and continuing professional development. The GP, nurse practitioner and support staff had learnt from incidents and complaints.

Leadership, openness and transparency

The GP and nurse practitioner 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. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. They encouraged a culture of openness and honesty.

Staff told us that regular meetings were held. The GP and nurse practitioner met at the end of each surgery to discuss clinical matters, review and act upon correspondence received into the practice and to review patients' test results. The GP, nurse practitioner and deputy practice manager met formally every fortnight and minutes of these meetings were kept. We saw there were a number of set agenda items including a review of the previous meeting, vaccinations, QOF, staffing levels and complaints. Meetings of the whole staff team were less frequent and more ad-hoc.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at any time, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported in the practice.

Are services well-led?

Good

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

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

The practice encouraged and valued feedback from patients. They had gathered feedback through their virtual patient participation group (PPG) and through surveys and complaints received. The practice had responded to concerns and suggestions for improvement made by their patients. For example, they were looking to improve the telephone system in place in the practice as patients had reported it could be difficult to get through at times.

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.

Innovation

The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice was one of 16 practices in the west locality of Sunderland who were part of the extended access scheme. Patients could pre-book appointments with a GP at a local health centre between 6pm and 8pm Monday to Friday and between 10am and 2pm at weekends due to the scheme. This had helped to enable patients who worked during normal surgery hours to have same day access to a GP.

The practice had also collaborated with practices in the West locality of Sunderland to improve the care and information provided to patients living with atrial fibrillation. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. This was a recent initiative, therefore the impact on outcomes for patients had not been determined.