

JR Nathan

Quality Report

Riverview Health Centre
Borough Road
Sunderland
Tyne and Wear
SR1 2HJ
Tel: 0191 565 3040
Website: www.riverviewsurgery.nhs.uk

Date of inspection visit: 15 September 2015
Date of publication: 19/11/2015

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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.
- Staff had generally received training appropriate to their roles, however, some gaps and further training needs had been identified and planned for completion. Staff felt supported and team working was demonstrated.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They also told us the practice was very clean.
- Information about services and how to complain was available and easy to understand, however, patients told us they were not aware of how to make a complaint.

- 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.
- 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 practice worked well with commissioners and other organisations to ensure relevant services were available to support patients to manage their own care; for example, the recent provision of a pulmonary rehabilitation service.

We saw one area of outstanding practice:

- The practice had initiated a comprehensive extended hours service as part of the project in the Clinical Commissioning Group (CCG) locality. The practice had led, and still managed the provision of this service for the locality which provides 7 day access to primary

Summary of findings

care and aims to reduce demand at Accident and Emergency. This was based in the practice building and ensured consistency of care and reflected the needs of the local population in a deprived area. The service uses locality clinicians to provide care for locality patients.

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

Importantly the provider should:

- Review its policies and procedures to ensure they reflect current guidance and best practice. For example, recruitment policies made reference to

primary care trusts. The business continuity plan did not include contact details for key services. The safeguarding policy did not reflect current local organisational structures.

- Ensure evidence based care is planned and delivered by introducing care plans for suitable groups of patients and individuals.
- Ensure that the views of patients are represented at the practice by reviewing the patient participation group arrangement currently in place.
- Ensure staff are provided with appropriate training to specifically ensure that information governance training is provided for all staff and infection control training is provided for the Infection Control lead.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice was clean and hygienic. The practice had a comprehensive plan for dealing with emergencies, however, this required updating.

Good



Are services effective?

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, the introduction of care plans would ensure effective delivery. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. However, during the inspection we identified some gaps in the training completed by staff. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where required. 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 initiated excellent hours of hours provision that ensured 7 day access to primary care services. The practice had good facilities and was well equipped to treat patients

Good



Summary of findings

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. The practice had good facilities and were equipped to treat patients and meet their needs. Results from the National GP Patient Survey, published in July 2015, showed that patient satisfaction with access to care and treatment was generally higher than local and national averages.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however, some policies required updating to reflect current local organisational structures. During the inspection some staff were unsure who fulfilled some lead roles. 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. A locality patient participation group (PPG) was active, however, the practice were not able to confirm if patients from the practice attended this group. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Patients told us they had enough time during appointments. The practice held a register of palliative care patients and we saw evidence that regular palliative care meetings were held. The practice had close working relationships with district nurses.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management with the support of the doctor when required and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. As the practice had only one GP all patients effectively had a named GP. The practice provided structured annual reviews to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had procedures in place to monitor medication effectively and provided information for patients on managing their condition.

Good



Families, children and young people

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, health visitors and school nurses. The opening hours of the practice ensured this group were able to access services and the extended weekend opening times

Good



Summary of findings

allowed clinicians to review care at weekends, reassure patients and reduce attendance at Accident & Emergency Departments. The practice ensured children were always offered an urgent appointment when requested. The practice had recently set up a register of young carers to support the needs of this hard to reach group.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice provided information and support for the students who registered at the practice and recognised the needs of this group, for example sexual and mental health services. The practice provided information and support to improve patient outcomes, for example in the lifestyle advice clinic. They also offered travel vaccinations and well-women and well-man clinics. Cervical screening rates were above the CCG and national averages.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of some patients living in vulnerable circumstances, for example people with a learning disability. It carried out annual health checks for people with a learning disability, 100% had been offered an annual health check that focused on their individual needs. If a patient had declined to complete the health check the practice continued to work to engage with the patient. It offered longer appointments for people with a learning disability. The practice worked with local leads to ensure that support for people with a learning disability ensured they could access secondary care appointments.

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 staff demonstrated this knowledge during the visit. Staff demonstrated excellent knowledge of the needs of vulnerable adults and children.

Good



Summary of findings

Staff at the practice demonstrated individual knowledge of the needs of vulnerable patients at the practice and could explain the processes used to support their needs, for example contact with local hostels, support services and social workers based in secondary care. Homeless people were able to register at the practice and links to drugs and alcohol services were well developed.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were offered at least an annual physical health check. 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. 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. The practice worked with the local pharmacist to monitor medication use when patients were experiencing poor mental health.

Good



Summary of findings

What people who use the service say

We spoke with seven patients on the day of the inspection. They told us they could get an appointment when they needed one, were treated with privacy and dignity and the surgery was always clean. They also said appointments did not always run on time and they were not aware of how to make a complaint.

The National GP Patient Survey results published on 04 July 2015 showed the practice was performing above local and national averages. There were 102 responses and a response rate of 23%. This is 4% of the practice population.

- 96.5% find it easy to get through to this surgery by phone compared with a CCG average of 79.3% and a national average of 74.4%.
- 86.3% find the receptionists at this surgery helpful compared with a CCG average of 89.9% and a national average of 86.9%.
- 92.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.9% and a national average of 85.4%.

- 93.4% say the last appointment they got was convenient compared with a CCG average of 93.2% and a national average of 91.8%.
- 86.3% describe their experience of making an appointment as good compared with a CCG average of 76.2% and a national average of 73.8%.
- 65.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70.8% and a national average of 65.2%.
- 75.7% 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 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patient's commented on the caring nature of the staff and reported being respected and treated with dignity. They also commented positively on the cleanliness of the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Importantly the provider should:

- Review its policies and procedures to ensure they reflect current guidance and best practice. For example, recruitment policies made reference to primary care trusts. The business continuity plan did not include contact details for key services. The safeguarding policy did not reflect current local organisational structures.
- Ensure evidence based care is planned and delivered by introducing care plans for suitable groups of patients and individuals.
- Ensure that the views of patients are represented at the practice by reviewing the patient participation group arrangement currently in place.
- Ensure staff are provided with appropriate training to specifically ensure that information governance training is provided for all staff and infection control training is provided for the Infection Control lead.

Outstanding practice

We saw one area of outstanding practice:

- The practice had initiated a comprehensive extended hours service as part of the project in the Clinical Commissioning Group (CCG) locality. The practice had led, and still managed the provision of this service for

the locality which provides 7 day access to primary care and aims to reduce demand at Accident and Emergency. This was based in the practice building

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and ensured consistency of care and reflected the needs of the local population in a deprived area. The service uses locality clinicians to provide care for locality patients.

JR Nathan

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 adviser, a second CQC inspector, and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to JR Nathan

The practice is located in Riverview Health Centre, Sunderland and provides primary medical services to patients living in the Hendon area of the City of Sunderland. The practice provides services from one location: Riverview Surgery, Riverview Health Centre, West Lawrence Street, Sunderland, SR1 1XW. The practice shares premises with another GP practice and external services and is based on the ground floor of a purpose built building. The premises has on-site parking, disabled parking, a disabled WC and access is step-free.

The practice has one GP partner (male) and one practice manager partner. Additionally the practice employs a nurse practitioner, a practice nurse and two staff who carry out administrative and reception duties. The practice provides services for just over 2,400 patients based on a Personal Medical Services (PMS) contract.

The practice is open between 8:30am and 6pm Monday to Friday. Appointments are available from 8:30am to 11:30am every Monday, Wednesday and Friday morning and from 12:30pm to 5:30pm every afternoon. The practice has an open clinic from 8:30am to 10:30am on Tuesday and Thursday. Extended hours are available every Tuesday when the practice remains open until 7pm. Additionally the

practice initiated and managed extended hours provision which is available to all patients in the locality. This allows patients to access a GP at the surgery between 6pm and 8pm Monday to Friday and 9am to 2pm on Saturday and Sunday.

Information from Public Health England placed the area in which the practice was located in the lowest decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people of working age; the practice had a significantly lower percentage of patients aged over 60 than the CCG and England averages.

The service for patients requiring urgent medical care out of hours is provided by the 111 service and Primecare and Northern Doctors Urgent Care (NDUC). From 01 October 2015 out of hours will only be provided by the 111 services and NDUC

Why we carried out this inspection

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

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

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 unless otherwise stated.

Detailed findings

How we carried out this inspection

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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with seven patients and a range of staff from the practice. We spoke with the GP, the practice manager, two practice nurses and two reception and administrative staff. We observed how staff received patients as they arrived at the practice and how staff spoke to them. We reviewed comment 34 cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

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, following a vaccination error new checks were put in place to reduce the likelihood of reoccurrence and staff training was updated.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had recently registered to use the local Safeguard Incident and Risk Management System (SIRMS) to report patient safety incidents.

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. However, the policy required review to ensure it reflected current local organisational structures. 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 at a level relevant to their role.
- Notices were displayed in the waiting room and on consultation room doors, advising patients that nurses would act as chaperones, if required. Staff who acted as

chaperones were trained for the role and had received a disclosure and barring service 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. A health and safety policy was available. The practice had up to date fire risk assessments, however, regular evacuation drills were not carried out. All electrical equipment was checked to ensure the equipment was safe. The practice was aware that this had not been completed in the last year but plans were in place to ensure this was completed soon. 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 control of substances hazardous to health, infection control and legionella. These risk assessments were held by NHS Property Services who owned the premises. sufficient.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be very clean and tidy. The practice nurse was the infection control lead; however, not all staff were aware of this. There was an infection control protocol in place and staff had received up to date training, however, the infection control lead had not completed any additional training to support this role. The practice told us that this would be completed by the end of September 2015. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 medication audits were carried out with the support of the local clinical commissioning group (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

Are services safe?

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

- Arrangements were in place for planning and monitoring the number 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 and the practice worked closely with other practices to ensure additional support was available when required that allowed consistency of care.

Arrangements to deal with emergencies and major incidents

There was an alarm system in the clinical rooms and in reception 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 was available in the building. 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. However, the plan required review to include emergency contact numbers for services and CCG leads.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date, staff told us that the practice manager ensured alerts were distributed to the relevant staff and actions taken were monitored. 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 the care delivered to patients and worked with multi-disciplinary teams, however, the practice did not support this with the provision of care plans, for example when patients were at high risk of admission to hospital. The provision of care plans supports effective needs assessment.

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. Publically available results for 2013-2014 showed the practice achieved 98.8% of the total number of points available to them. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was similar to the CCG and national average (93.0% - 0.1% below CCG average, 2.9% above England average)
- Performance for learning disability indicators was better than the CCG and national average (100.0% - 19.4% above CCG average, 15.9% above England average)
- The performance for dementia related indicators was above the CCG and national average (100.0% - 5.0% above CCG average, 6.6% above England average)
- The performance for chronic obstructive pulmonary disease related indicators was above the CCG and national average (100.0% - 2.9% above CCG average, 4.8% above England average)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years. Neither of these audits were complete audit cycles where the improvements made were implemented and monitored. However, the practice had already planned this and were working with a pharmacy advisor to complete audits and re-audits relevant to their practice. For example, a previous benzodiazepine audit was in the process of being re-audited and a planned respiratory audit which supports the recent provision of a Pulmonary Rehabilitation service.

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 scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, however, information governance training had not been undertaken. The practice manager said this would be planned for completion by the end of the year. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included medical records and test results. However, care plans were not in place to support information sharing and the coordination of care. The practice told us that work on developing these would be completed by the end of December 2015. Information

Are services effective?

(for example, treatment is effective)

such as NHS patient information leaflets was also available on request from reception. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis. Staff demonstrated excellent working relationships with relevant services and knowledge of individual patient requirements.

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 of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services. Smoking cessation advice was available from a local support group. The patients we spoke with confirmed support this.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.7%, which was higher than the CCG average of 82.1% and the national average 81.9%. The practice nurses monitored their cervical screening inadequate rates to ensure the quality of the service provided. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages for children under two. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100%. However, immunisation rates for the vaccinations given to five year olds ranged from 83.3% to 95.8%. All rates were below the CCG average apart from MMR Dose 1. Flu vaccination rates for the over 65s were 75.1%, and at risk groups 59.4%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We were unable to speak to any members of the locality patient participation group (PPG) on the day of our inspection. The practice had previously had an active PPG at the practice and the move to a locality group had reduced the PPG input at the practice. The practice should review the PPG arrangements at the practice and they told us they would review their arrangement by the end of November 2015. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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 above average for its satisfaction scores on consultations with doctors; however, it was below average for its satisfaction score on consultations with nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 92.8% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.8%.

- 97.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.3%
- 87.7% 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%.
- 77% 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%.
- 86.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 and results were in line with local and national averages. For example:

- 92.3% 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 86.3%.
- 87.5% 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 81.5%

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

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; however, associated leaflets were only available on request.

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. All identified carers were being supported, for

Are services caring?

example, by offering health checks and referral for social services support. 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 practice usually sent them a sympathy card. This was either followed by telephone call from the GP or letter from the practice manager to provide support if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the recent provision of a pulmonary rehabilitation service within the premises, supporting the Sunderland CCG Recovery at Home service and working with commissioners and providers to ensure local delivery of services. For example, mental health services and memory protection services were available at the practice.

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

- The practice initiated an excellent extended hours service which benefited working age patients and those with carer's responsibilities who could not attend during normal opening hours. This service allow access to primary care 7 days a week and supports the work of the CCG on urgent care and access. Patient satisfaction with this service was high, over 98% would recommend the service and 84% of patients were treated with no further referral required. Following attendance at this service 84% of patients required no further follow up and 13% only required follow up with a further GP appointment.
- There were longer appointments available for people with a learning disability.
- Individualised health checks were available for people with a learning disability.
- 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 practice did not provide a six-week check for babies, however, they worked with another surgery to ensure these were provided in coordination with the mother's post-natal check.

Access to the service

The practice was open between 8:30am and 6pm on a Monday, Wednesday, Thursday and Friday and from

8:30am to 7pm on a Tuesday. Appointments are available from 8:30am to 11:30am every Monday, Wednesday and Friday morning and from 12:30pm to 5:30pm every afternoon. The practice has an open clinic from 8:30am to 10:30am on Tuesday and Thursday. As well as late night extended opening on a Tuesday the practice provides extended hours through the locality service which they were instrumental in providing; this allows patients to access a GP at the practice between 6pm and 8pm Monday to Friday and 9am to 2pm on Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 86.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.2% and national average of 75.7%.
- 96.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 79.3% and national average of 74.4%.
- 86.3% patients described their experience of making an appointment as good compared to the CCG average of 76.2% and national average of 73.8%.
- 65.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.8% and national average of 65.2%.

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 easily available to help patients understand the complaints system. The procedure was displayed in reception, a summary leaflet was available if requested and brief information was available on the practice website. However, patients we spoke with were not aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled and dealt

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

with in a timely way. There was openness and transparency with dealing with the complaint and the practice had formally apologised to the patient. We saw evidence that complaints were discussed at staff meetings.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, additional checks were introduced to ensure clinical records were accurate to ensure the error was not repeated.

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 practice had a mission statement and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored, however, the business continuity plan required updating to include the contact details of relevant services and CCG leads. Practice aims and values were demonstrated by staff during the inspection. We saw staff recognising the needs of individuals and were given examples of a holistic approach to health care.

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 staffing structure and that staff were aware of their own roles and responsibilities, however, not all staff were aware of some lead roles in the practice.
- Practice specific policies were implemented and were available to all staff, some of these required updating, for example recruitment policies.
- There was a comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements, however, work should be carried out to ensure audit cycles were completed to ensure effective changes had been made.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff said us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We noted that regular team lunches were held every week to support team cohesion. 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 and engaging patients in the delivery of the service. It had had previously gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They had previously met regularly and submitted proposals for improvements to the practice management team, for example working to improve patient parking provision. The practice had supported a move to a locality PPG which provided regular locality based feedback, however, lack of feedback from patients at the practice had been recognised by the practice and they should review their arrangement for engaging with patients.

The practice had also gathered feedback from staff 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.

Innovation

There was a strong focus on improving services for patients 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 provision of the extended hours' service and the availability of mental health services in the premises. The practice continued to plan for further services which reflected the needs of their patients.