Dr NJ Bhatt

Quality Report

Health Centre,
Victoria Road,
Washington,
NE37 2PU
Tel: 0191 416 8567
Website: www.bhattgp.nhs.uk

Date of inspection visit: 12 January 2016
Date of publication: 03/03/2016

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 NJ Bhatt on 12 January 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Appropriate background checks should be carried out when employing new staff, including obtaining photographic identification, and copies of these should be kept in personnel files.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the local Unique Care project, which assigned social workers to GP surgeries to attend multidisciplinary team (MDT) meetings and improve information sharing.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice were seeking to increase its involvement.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had contributed to a locality-wide

Summary of findings

innovation project on the development and subsequent promotion of a booklet and accompanying smartphone app for managing minor childhood illnesses. The project had won a national “GP Recognition” award for innovative practice.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for patients with diabetes were generally higher than the national average. For example, 92.2% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 88.3%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good and higher than CCG and national averages for all standard childhood immunisations.

Summary of findings

- The practice had contributed to a locality-wide innovation project on the development and subsequent promotion of a booklet and accompanying smartphone app for managing minor childhood illnesses. The project had won a national "GP Recognition" award.
- 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 positive examples of joint working with midwives, health visitors and school nurses.

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 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.
- 85.8% of women aged 25-64 had had a cervical screening test in the past five years, compared to the national average of 81.8%.

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.
- At the time of our visit staff were due to undertake training for the practice to become part of a "Safe Haven" project. This project aimed to turn public areas, such as swimming pools, libraries and GP practices, into places where people suffering any form of abuse could come to report it and receive help.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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).

- Results for outcomes for patients experiencing poor mental health were generally good, however only 70% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months (01/04/2014 to 31/03/2015), compared to the national average of 88.5%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above local and national averages in many areas. 393 survey forms were distributed and 93 were returned. This represented a response rate of 23.7%, and approximately 4% of the practice's patient list.

- 98.1% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 79.3% and a national average of 73.3%.
- 96.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.9%, national average 85.2%).
- 92.8% described the overall experience of their GP surgery as fairly good or very good (CCG average 88.1%, national average 84.8%).
- 88.7% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80.5%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, 40 of which were positive about the standard of care received. Patients were complimentary about the caring attitude of both clinical and non-clinical staff, and remarked that they felt listened to. Commonly used words included excellent, safe, caring and helpful. Four of the six cards which raised concerns also included positive comments. Concerns on the cards related to staff attitude or difficulty in making appointments.

We spoke with two patients as part of the inspection, both of whom said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

Appropriate background checks should be carried out when employing new staff, including obtaining photographic identification, and copies of these should be kept in personnel files.

Dr NJ Bhatt

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.

Background to Dr NJ Bhatt

Dr NJ Bhatt is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 2,248 patients from one location at the Health Centre, Victoria Road, Washington, NE37 2PU. This is the location we visited on the day of our inspection.

The practice is based in a purpose-built surgery shared with four other GP practices and other local healthcare providers. The building is owned and managed by NHS Property Services Limited and has level-entry access and a car park for patients to use. All the services provided to patients by Dr NJ Bhatt were on the ground floor.

The practice has seven permanent members of staff, comprising the single-handed GP (male) a salaried GP (female), one practice nurse (female), a practice manager and three reception/administrative staff. The practice also has an apprentice and a regular locum GP (male).

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The surgery is open from 8am until 6pm from Monday to Friday, with extended opening hours from 6.30pm to 7.30pm on Mondays. The telephone lines operate at all times during these opening times. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate. Appointments with a GP are available as follows:

- Monday: 8.30am to 12pm, 1pm to 3pm, 4.30pm to 6pm and 6.30pm to 7.30pm
- Tuesday: 8.30am to 12pm, 1pm to 2.50pm and 4pm to 6pm
- Wednesday: 8.30am to 12pm and 4.30pm to 6pm
- Thursday: 10.30am to 12pm and 4.30pm to 6pm
- Friday: 10.30am to 12pm, 12.30pm to 2.30pm and 4.30pm to 6pm
- Weekends: closed

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice. The practice population includes a much higher-than-average number of 15-19 year old males. The number of men and women aged between 40 and 59 who are registered with the practice is also higher than the national average, while the number of patients over the age of 70 is lower. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice increased the frequency with which they recorded the temperatures of refrigerators where vaccines were stored, and replaced the equipment used to monitor the temperatures, after one of the refrigerators failed while the practice was closed.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Two members of staff had been trained as chaperones, but as only one had received a Disclosure and Barring Service check (DBS check) only that staff member was carrying out chaperoning duties. DBS checks were ongoing for the other member of staff, who would commence chaperoning duties as soon as this was completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were for systems in place to ensure results were received for all samples sent the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

However, there were areas where the practice could improve.

- The practice had a recruitment policy in place which outlined the process for appointing staff, and the pre-employment checks that should be completed for a successful applicant before they could start work in the practice. We looked at a sample of recruitment files for administrative and clinical staff; however as the staff in post had all been employed for a number of years their files did not reflect the practice's current recruitment policy. We discussed this with the practice manager and

they confirmed that all appropriate checks would be undertaken for any staff employed in the future. The practice had employed an apprentice through an agency in the past 12 months; we found that the recruitment file for this staff member was also incomplete as there was no photographic identification.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had access to a variety of other risk assessments completed by the building's owners to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice employed a regular male locum GP as one of the practice's GPs was on phased return to work. Staff were flexible with their hours to cover busy periods, sickness and annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available (clinical commissioning group (CCG) average 95.7%, national average 93.5%), with 17.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The exception reporting rate was above both local and national averages (10.8% and 9.2% respectively) but the practice could not offer a specific explanation for this.

Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example, The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92.2%, compared to the national average of 88.3%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 77.5%, below the national average of 83.7%.
- Performance for mental health related indicators was better than the national average in most areas. However, only 70% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years. One of these was a completed two cycle audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into respiratory care increased the number of patients with a personalised asthma care plan from 43 to 57 in the six months from August 2014 to February 2015.

Where the practice was underperforming measures had been taken to drive improvement. Information from CQC Intelligent Monitoring showed this practice was an outlier for prescribing higher than average amounts of antibacterial products, hypnotics (sedatives) and non-steroidal anti-inflammatory drugs (NSAIDs) other than ibuprofen and naproxen. (NSAIDs are a class of drug which can cause stomach ulcers with long-term usage.) The practice was aware of this and had actively attempted to change their prescribing. Audits they had carried out on prescribing with a CCG pharmacist showed that they had improved in all areas. For example, the number of patients over 45 years old on long-term NSAIDs with no other medication prescribed to reduce the risk of stomach ulcers had dropped from 37 in November 2014 to zero in January 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidatingGPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 85.8%, which was in line with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% and five year olds from 92.3% to 100%. CCG averages for the same age groups ranged from 96.2% to 100% and 31.6% to 98.9% respectively.

Flu vaccination rates for the over 65s were 76.1%, and at risk groups 62.5%. These were also above national averages of 73.2% and 53.4% respectively.

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

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Of the 46 patient Care Quality Commission comment cards we received, 40 were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said that when they visited the practice as patients their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or in line with local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 90.3% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 90.1% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 98.6% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 87.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.5%, national average 85.1%).
- 96.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.3%, national average 90.4%).
- 95.7% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84.9% 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%.
- 80.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.9% , national average 81.4%)
- 94.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.4% , national average 84.8%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of the practice list as carers (41 patients). Written information was available to direct carers to the various avenues of support available to them. A member of staff had taken on the role of carers lead and attended meetings with local carers' organisations.

Good

Are services caring?

Staff told us that if families had suffered bereavement they would be sent a sympathy card and contacted by the GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were told that patient funerals were attended by practice staff when appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the local Unique Care project, which assigned social workers to GP surgeries to attend multidisciplinary team (MDT) meetings and improve information sharing.

- The practice offered appointments on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients who did not require an urgent appointment but wanted to speak to the GP on the day they called were offered a telephone appointment. All patients were called back by the GP on the same day and directed to the most appropriate service.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The surgery operated an unplanned admissions register as part of a locality project, to monitor patients who were most at risk of admission to hospital. There was a separate phone line that these patients could call should they need urgent access to a GP.
- The practice allowed workers from the local mental health and children's charities to use rooms at the practice free of charge to see patients.
- All staff had completed dementia awareness training.
- The practice had systems to make sure that people without a fixed address (such as homeless patients and travellers) could register with the practice.
- At the time of our visit staff were due to undertake training for the practice to become part of a "Safe Haven" project. This project aimed to turn public areas, such as swimming pools, libraries and GP practices, into places where people suffering any form of abuse could come to report it and receive help. We were told that this was part of an initiative taking place across Sunderland that the practice had joined.

Access to the service

The practice was open from 8am until 6pm from Monday to Friday, with extended opening hours from 6.30pm to 7.30pm on Mondays. The telephone lines operated at all times during these opening times. Outside of these times, a message on the surgery phone line directed patients to out of hours care, NHS 111 or 999 emergency services as appropriate. Appointments with a GP were available as follows:

- Monday: 8.30am to 12pm, 1pm to 3pm, 4.30pm to 6pm and 6.30pm to 7.30pm
- Tuesday: 8.30am to 12pm, 1pm to 2.50pm and 4pm to 6pm
- Wednesday: 8.30am to 12pm and 4.30pm to 6pm
- Thursday: 10.30am to 12pm and 4.30pm to 6pm
- Friday: 10.30am to 12pm, 12.30pm to 2.30pm and 4.30pm to 6pm
- Weekends: closed

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 98.1% patients said they could get through easily to the surgery by phone (CCG average 79.3%, national average 73.3%).
- 81.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 60.4%, national average 60%).
- 81.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.2% and national average of 74.9%.

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

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice's 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 on a notice in reception to help patients understand the complaints system. However, the information regarding complaints on the practice website and in the practice patient leaflet was limited.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and the practice had displayed openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, steps were taken to ensure staff always reminded patients to call the practice for test results after a patient had mistakenly waited for the practice to contact them. We were told doctors would contact the patient if test results required urgent action to be taken, otherwise patients were told to call the practice for their results four to five working days after having the test.

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 to offer the highest standard of healthcare and take a team approach. This was displayed in reception and on the patient information leaflet.
- Staff knew and understood the values and spoke about good patient care being their main priority.
- However, while the practice had identified areas for improvement and development, such as succession planning for the lead GP, the practice business plan had not been updated in the past two years.

Governance arrangements

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

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

We saw evidence that the practice management team had an understanding of the challenges that would be faced in the long-term of the practice and had already taken steps to address these.

Leadership and culture

The single-handed GP 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 GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG which was contacted regularly with patient surveys and requests to submit proposals for improvements to the practice management team. For example, the practice had installed a television in the reception area as a result of feedback from a PPG survey. The practice manager and the GP told us that increasing the input from the PPG was an area where the practice was looking to improve and planned to introduce regular meetings.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the GPs at the practice had contributed clinical knowledge to a locality-wide innovation project to develop a booklet and accompanying smartphone app for managing minor childhood illnesses. The booklet and application was due to be promoted by the practice and given to patients with young children. The project had won a national "GP Recognition" award for innovative practice.