Dr Martin Weatherhead

Quality Report

Southwick Health Centre
The Green
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Sunderland
Tyne and Wear
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Website: http://www.weatherheadgp.nhs.uk/

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Martin Weatherhead on 14 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- 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.
- There was a strong, visible, person centred culture. Relationships between staff and patients were strong, caring and supportive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients were able to access appointments at times that were convenient.
- 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.

We saw one area of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to delivering care in a way that promoted equality. This included people who are in vulnerable circumstances or who

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have complex needs. For example, the practice had proactively responded to the high numbers of patients presenting with drug and alcohol problems by providing them with access to in-house support services. The principle GP was the lead for these services which included the provision of emergency detox and urgent and specialist interventions such as prescriptions of medicines to prevent relapses. These services were also available to patients registered at other local practices.

There is one area where the provider should make improvements:

- Review their arrangements for monitoring the storage of medicines that require refrigeration to take into account national guidance.

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 and 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. For example, there was an effective safety alert system, safeguarding leads were in place and appropriate recruitment checks had been undertaken prior to employing staff.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 97% of the points available. This was above the local average of 96% and the national average of 94%. For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Clinical audits demonstrated quality improvement. Audit was clearly linked to guidelines and best practice.
- 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 people's needs.

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Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed that patients rated the practice above or in line with national averages. For example, results showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally. Over 93% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 86%. Over 94% or respondents said that the GP was good at treating them with care of concern compared to the national average of 85%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, patients were able to meet with local care professionals at the practice when this would be more comfortable for the patient, for example when meeting with the mental health crisis team.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, clinical staff ensured that patients who found it stressful to attend when the practice was busy were seen when the practice was quiet.
- We observed a strong patient-centred culture.
- We also saw that staff treated patients with kindness and respect.
- Information for patients about the services offered by the practice was available.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, in house drug and alcohol services were provided. Patients from other local practices were also able to access this service.
- 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.
- Patients could access appointments and services in a way and at a time that suited them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this.
- 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.
- 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 practice had a business plan which was regularly reviewed.
- There was a high level of constructive engagement with staff and of staff satisfaction.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP. Care homes were visited regularly by linked GP's.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was comparable to the local clinical commissioning group (CCG) average of 99% and the national average of 98%.
- The percentage of people aged 65 or over who received a seasonal influenza vaccination was 79%, which was above the national average of 73%.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Housebound patients could have their care reviewed at home.
- The practice pharmacist provided medicine reviews for patients.
- The practice provided an insulin initiation service for patients newly diagnosed with type two diabetes. The lead nurse and the principle GP had obtained diplomas in diabetes management.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the

Summary of findings

practice had achieved 94% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was the same as the local CCG average of 94% but above the national average of 89%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered 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.
- The practice funded its own in house phlebotomy (blood testing) service.
- A practice based anticoagulation clinic was available.

Families, children and young people

Good

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Arrangements had been made for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% (CCG average 96% to 100%) and for five year olds ranged from 96% to 100% (CCG average 32% to 99%).
- Urgent appointments for children were available on the same day.
- 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.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was above the local CCG and national averages of 97%.
- The practice's uptake for cervical screening was 76%, which was below the local CCG and national average of 82%.

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.
- Patients could order repeat prescriptions and book appointments on-line.
- Text message appointment reminders were available.
- Telephone appointments were available; the patient could request a time and a named doctor. Patients told us that they appreciated this service.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's, travel vaccinations and minor surgery were provided.
- The practice website provided a wide range of health promotion advice and information.

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.
- The practice offered longer appointments for patients with a learning disability if required. Health checks for people with learning disabilities could be carried out in the patients' own the home.
- A visit from a local support agency for people with learning disabilities found good practice. However, they thought more easy to read information should be provided.
- Vulnerable patients could attend early morning appointments with the GP when the practice was quieter and less stressful for them.

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- The practice provided in house drug and alcohol treatment services including the provision of emergency detox arrangements and coordinated care with local mental health services.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients were also able to meet with local care professionals at the practice when this would be more comfortable for the patient, for example when meeting with the mental health crisis team.
- 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.
- Good arrangements were in place to support patients who were carers. Information for carers was available on a separate notice board in the waiting area.

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).

- The practice held a register for patients experiencing poor mental health and had identified 1% of their patient population as requiring inclusion. One of the salaried GP's was the lead for mental health at the practice.
- Patients with poor mental health could attend early morning appointments with the GP when the practice was quieter.
- Nationally reported data showed that outcomes for patients with mental health conditions were lower than average. The practice had achieved 89% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was below the local CCG average of 92% and the national average of 93%.
- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was above the local CCG average of 96% and the national average of 95%. However, only 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.

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- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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 in July 2015, showed the practice was performing in line with local and national averages. There were 420 forms sent out and 98 were returned. This is a response rate of 23% and represented 2.6% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone (CCG average of 79%, national average of 73%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 85% found the receptionists at this surgery helpful (CCG average 90%, national average 87%).
- 93% said the last appointment they got was convenient (CCG average 93%, national average 92%).

We reviewed 23 CQC comment cards all of which were very positive about the standard of care received. They also described the practice staff as caring and helpful and said staff listened to them.

We spoke with eight patients during or shortly after the inspection; two were members of the patient participation group. All the patients said they were happy with the care they received. They said they thought staff were understanding, friendly, helpful and very caring and that the practice was clean.

Areas for improvement

Action the service SHOULD take to improve

There is one area where the provider should make improvements:

- Review their arrangements for monitoring the storage of medicines that require refrigeration to take into account national guidance.

Outstanding practice

We saw one area of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to delivering care in a way that promoted equality. This included people who are in vulnerable circumstances or who have complex needs. For example, the practice had proactively responded to the high numbers of patients presenting with drug and alcohol problems by providing them with access to in-house support services. The principle GP was the lead for these services which included the provision of emergency detox and urgent and specialist interventions such as prescriptions of medicines to prevent relapses. These services were also available to patients registered at other local practices.

Dr Martin Weatherhead

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor.

Background to Dr Martin Weatherhead

Dr Martin Weatherhead is registered with the Care Quality Commission to provide primary care services. The practice is located in the Southwick area of Sunderland.

The practice provides services to around 3,700 patients from one location:

- Southwick Health Centre, The Green, Southwick, Sunderland, SR5 2LT.

We visited this address as part of the inspection.

Dr Martin Weatherhead is based in purpose built premises that are shared with external services and two other GP practices. All reception and consultation rooms are fully accessible and on one level. There is on-site parking and disabled parking. A disabled WC is available.

The practice has one principle GP, four salaried GPs and one career start GP (This is where GPs are employed and provided with mentoring and clinical development.). Four male and two female GP's were available at the practice. The practice employs a practice manager, a deputy manager, a practice nurse, a pharmacist, a healthcare assistant, a career start nursing assistant and five staff who undertake administrative or reception roles. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Dr Martin Weatherhead is open at the following times:

- Monday to Friday 8am and 6pm.

The telephones are answered by the practice during these times.

Appointments are available at Dr Martin Weatherhead at the following times:

- Monday to Friday 8:30am to 11:30am and 1pm to 5:30pm
- Extended hours appointments are available with the principle GP each Wednesday from 6pm to 8pm.

The practice participates in the locality extended hours scheme which is based at the surgery. This enables patients to access a local GP between 6:15pm and 8pm Monday to Thursday.

The practice is part of NHS Sunderland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 75 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (64% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (48% compared to the national average of 60%). The proportion of patients who are unemployed is above average (13% compared to the national average of 6%).

Detailed findings

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016.

During our visit we:

- Spoke with a range of staff. This included three GPs, the practice manager, the practice nurse, the practice pharmacist, the career start nursing assistant and two members of the administration team. We also spoke with eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 23 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, a recent incident that required the use of the ECG machine led to staff training and improved processes to ensure that clinical staff would be supported in an emergency.
- Staff recorded all significant events on the practice risk register that categorised risk based on the possible severity of the impact on the practice. They also carried out a thorough analysis of significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. They had robust systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enables staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG can identify any trends and areas for improvement. This system was used by the practice when the significant event crossed practice or healthcare system boundaries. This had resulted in the practice being made aware of a repeated pharmacy issue that resulted in a clinical audit being completed by the practice.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a review of a significant event resulted in the practice changing their threshold for obtaining repeat chest x-rays.

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 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 level three in children's safeguarding.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. The practice nurse was the infection control clinical lead. They 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. For example, new cleaning schedules had been introduced. The practice manager had recently started a quarterly review of the cleaning with the cleaning supervisor.
- During the inspection, we found that the practice did not always ensure that the temperature of the refrigerator that was used to store medicines was monitored when the nurse was absent. We discussed this during feedback to the practice and they assured us they would change their procedure for monitoring the refrigerator immediately.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. All staff were given a practice health and safety booklet. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice recorded all significant events and complaints on a risk register that included identification of the level of risk. They planned to add safety alerts to this register.

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. The clinical rooms were also fitted with panic alarms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available in the building and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a comprehensive risk based business continuity plan in place for major incidents such as power failure or building damage. This had recently been updated in response to a significant event. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 QOF points available compared to the local clinical commission group (CCG) average of 96% and the national average of 94%. At 11%, their clinical exception reporting rate was 0.2% above the local CCG average and 1.8% above the national average. 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.

Data from 2014/2015 showed;

- Performance for the diabetes related indicator was in line with the local CCG average of 94%, but above the national average of 89%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 82%, compared to the national average of 88%.
- Performance for the mental health related indicator was below average (89% compared to the CCG average of 92% and the national average of 93%).

Performance in some areas was better than the national averages. For example, the practice had achieved 100% of the points available for 13 of the 19 clinical domains, including the asthma, cancer, dementia and depression domains.

Clinical audits demonstrated quality improvement. We saw evidence that the practice used clinical audits effectively and that they were linked to improving patient outcomes.

- Eleven two cycle clinical audits had been completed in the last 12 months where improvements had been implemented and monitored. For example, a recent audit had highlighted the need for improve how the practice managed patients who were at risk of developing fractures. A risk assessment tool was introduced and patients were now being referred for a scan to check their bone density was in line with national guidance.
- The practice participated in local audits. For example, the practice had participated in audits on medicines optimisation led by the local CCG.
- The practice discussed the results of audits at the regular clinical meetings to ensure that all staff were aware of any changes to practice that were required.
- The practice was committed to using audit to support continuous improvements in patient care.

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 updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which 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 having access to on line resources and discussion at practice meetings. The nurse had access to regular clinical supervision.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and the local CCG's monthly training programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. We saw that staff training needs were monitored and staff informed when they needed to undertake training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together 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, when they were referred or, after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a regular basis. The practice also held quarterly palliative care and vulnerable patient meetings.
- As part of a local initiative, patients most at risk of admission into hospital were identified by the practice, care plans were created and a new weekly multi-disciplinary team meeting coordinated their management to support effective care and reduce the rate re-admission to hospital.

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.

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. The healthcare assistant provided advice on smoking cessation.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national averages of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged their 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 years old ranged from 98% to 100% (CCG average 98% to 100%), and for five year olds ranged from 96% to 100% (CCG average 32% to 99%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Influenza vaccination rates for the over 65s were at 79%, which was above the national average of 73%. For at risk groups the immunisation rate was 54%, which was in line with the national average of 53%.

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 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 saw that 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.
- Feedback from patients and carers we spoke to was all positive about the way that staff treated people. Patients we spoke to were very positive about the care they received from the staff at the practice, they told us that staff went the extra mile and were very supportive. For example, they said staff maintained regular telephone contact with them if they needed emotional support.

All of the 23 Care Quality Commission comment cards we received were positive about the service experienced. We spoke with eight patients during the inspection. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey published, in July 2015, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were mostly higher, when compared to the local and national averages. For example:

- 95% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 92% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 94% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 92% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 92% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

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 comments cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published in July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either above, or in line with, local CCG and national averages.

For example:

- 93% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 96% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%).
- 93% said the last nurse they saw was good at explaining tests and treatments (CCG average 93%, national average 90%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

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

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information in the waiting area on support for people experiencing loneliness or problems with alcohol.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. For example, information to support carers was available on the practice website and on a designated notice board in the waiting area. The practice had identified 2% of the practice list as carers.

Staff told us that if families experienced bereavement the practice sent a condolence card. This was followed by a call offering the bereaved patient a 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The principle GP was actively involved in the CCG, for example, they held lead roles in drugs and alcohol addiction and medicines optimisation. The salaried GP acted as the CCG mental health commissioning lead.

The practice was aware of the needs of their practice population and worked to provided services that reflected their needs. For example:

- The practice had proactively responded to the high numbers of patients presenting with drug and alcohol problems by providing them with access to in-house support services. The principle GP was the lead for these services that included the provision of emergency detox, urgent and specialist interventions such as prescriptions of medicines to prevent relapses. These services were also available to patients registered at other local practices.
- When a patient had more than one condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- Extended hours were available as part of a local initiative. The practice also provided GP appointments from 8am each weekday and nurse appointments on a Wednesday afternoon by appointment only. Some of these appointments were only for vulnerable patients who preferred to attend when the surgery was not busy.
- A 'sit and wait' clinic was available for patients with a single urgent problem.
- Appointments with the GP were 12 minutes long as the practice was aware of the complex need of some of their patients; nationally the average appointment time for a GP appointment is 10 minutes.
- Patients who repeatedly did not attend for appointments were not removed from the practice list and staff met patients' needs opportunistically when this was needed.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these. For example, health checks for people with learning disabilities could be carried out in the patients' own home.
- A visit from a local support agency for people with learning disabilities found some examples of good practice. For example, the practice was accessible and staff were very welcoming.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive those travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services available. A hearing loop had also been fitted.
- There was a practice based anti-coagulation clinic and the practice funded their own phlebotomy (blood test) service to reflect the preference of their patients for local services.

Access to the service

Dr Martin Weatherhead was open at the following times:

- Monday to Friday 8am to 6pm.

When the practice was closed patients were directed to the NHS 111 service. This information was available on the practice's telephone message, website and the practice leaflet.

Appointments were available at Dr Martin Weatherhead at the following times:

- Monday to Friday 8:30am to 11:30am and 1pm to 5:30pm
- Extended hours appointments are available with the principle GP each Wednesday from 6pm to 8pm.

The practice participates in the locality extended hours scheme which is based at the surgery. This enables patients to access a local GP between 6:15pm and 8pm Monday to Friday.

Results from the National GP Patient Survey, published in January 2016 showed that patients' satisfaction with how they could access care and treatment was either mostly above or broadly in line with, when compared to local and national averages.

- 91% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 75%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 78% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 60%).
- 61% usually wait 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

Following the publication of this survey, the practice reviewed their appointment system and reintroduced 'sit and wait' appointments. Staff told us the results of the next patient survey would be used to see whether this recent change raises patient satisfaction with access.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice, the principle GP provided clinical oversight.
- We saw that information was available to help patients understand the complaints system Information was on display in the reception area and a complaints leaflet was available. Information on how to complain was also included in the practice leaflet that was easily available in the waiting area.

We looked at four of the complaints received in the last 24 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 three-year business development plan that reflected their core values of openness, fairness, respect, accountability and equity. They also had a separate development plan that linked the aims and aspirations of the practice to their contract to provide GP services and the educational needs of the staff.
- The principle GP was a founder member of the Sunderland GP Alliance and the clinical director of a local drug and alcohol treatment centre.
- The practice had obtained an Investors in People accreditation. (Investors in People is a scheme that is used to demonstrate effective management and that an employer is committed to staff development.)

Governance arrangements

The practice had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and these were easily accessible to staff.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice used a risk register to record all complaints and significant events. This ensured they were aware of the possible impact that these issues could have on the practice and could plan their actions in line with this.

Leadership and culture

The principle GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The principle 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.

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

- Staff told us the practice held regular team meetings. They told us how issues raised at the team meetings were also discussed at other relevant meetings and they received feedback on any discussion and actions taken. Staff felt empowered and supported by the practice. Positive and supportive working relationships were evident during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the principle GP and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the principal GP 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:

- Their virtual patient participation group (PPG), surveys and complaints received. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements.
- 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.

Continuous improvement

Are services well-led?

Good

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice. For example, staff had:

- Taken part in a local diabetes project that involved additional clinical support for patients with diabetes.
- Participated in a pilot scheme with the local ambulance trust on the use of special patient notes. (These notes are used to pass on important information to emergency services, for example, when the patient requires end of life care.)
- Supported the GP career start scheme. (This is where GPs are employed and provided with mentoring and clinical development.) The current career start GP was being supported to develop expertise in drug and alcohol misuse.
- Participated in local audits and benchmarking to identify and understand their performance, and identify areas where they could improve.

The practice were also aiming to develop a project that would provide support for patients who were addicted to prescribed medication. It was anticipated that this service would be available for patients registered at all the practices in the locality (and part of the clinical commissioning group).