

# Church View Medical Centre

## Quality Report

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Date of inspection visit: 8 September 2015  
Date of publication: 22/10/2015

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church View Medical Centre on 8 September 2015. Overall the practice is rated as good.

We had previously carried out an inspection of the practice on 16 September 2014 when breaches of legal requirements were found;

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service (which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014);
- Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing (which corresponds to Regulation 18 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014);

After the inspection on 16 September 2014 the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Our key findings were as follows:

- The practice had addressed all of the issues identified during the previous inspection with the exception that they could not demonstrate on going quality improvement and effective care through completed clinical audit cycles.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients said they were able to get an appointment with a GP when they needed one with urgent

# Summary of findings

appointments available the same day. However, they thought continuity of care was difficult. We saw the provider had taken steps to improve this since the previous inspection in September 2014, with the recruitment of another GP, which still needed time to become effective.

- The practice offered open access practice nurse clinics and phlebotomy clinics every day. There was also access to a CCG initiative of extended hours which the practice participated in 6pm until 8pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

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

Importantly, the provider must:

- Improve the system for clinical audit. There were no two cycle completed audits which could demonstrate changes resulting in improvements of outcomes for patients since the initial audit.

In addition the provider should:

- Carry out a formal legionella risk assessment.
- Update the leaflet given to patients who wish to make a complaint to specifically contain information regarding taking a complaint further than the practice, for example to NHS England or the Parliamentary and Health Service Ombudsman.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. We found significant events were recorded, investigated and learned from. Risks to patients were assessed and well managed. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them. Good infection control arrangements were in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with current legislation although advance care planning could be improved. This included assessing capacity and promoting good health. However, the practice must improve the way it carries out clinical audit. Two cycle audits had not been completed which would demonstrate changes resulting in improvements of outcomes for patients since the initial audit. Staff had received training and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at the inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. However, data from the National GP Patient Survey July 2015 showed that patients rated the practice slightly lower than others for several aspects of care compared to local and national averages. The practice hoped that the recruitment of more salaried GPs would address these issues.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Good



# Summary of findings

clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Urgent appointments were available on the same day; there was a wait of a week for routine appointments. The practice nurse operated an open access clinic for an hour each morning and there was an open access phlebotomy clinic. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear set of aims and objectives. Staff were clear about their responsibilities in relation to these. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice was responsive to the needs of older people, the over 75s had a named GP and were offered annual health checks. Patients were offered flu and shingles vaccines and the practice nurses could carry these out at a home visit if appropriate. The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. The practice had strong links to the local carers centre.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients with long term conditions were reviewed every twelve months with a co-ordinated approach to multiple long term conditions. The lead practice nurse had overall responsibility for this. There were arrangements in place for repeat prescriptions. Staff were alerted if a patient was overdue a medication review. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had identified the needs of families, children and young people and put plans in place to meet them. The practice had a dedicated GP as the lead for safeguarding vulnerable children. There was a safeguarding children policy. Missed appointments for a child were followed up by the practice nurse. There were regular multidisciplinary team meetings involving child care professionals such as health visitors. This covered safeguarding and families who required support. The practice offered child health and ante-natal clinics. A full range of immunisations for children, in line with current national guidance were offered.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. There were open access clinics for the patients to see the practice nurse and a

Good



# Summary of findings

phlebotomy clinic on a daily basis. There were telephone consultations available with both GPs and practice nurses. The practice participated in a CCG initiative at a local primary care centre from 6 until 8pm for patients who could not attend appointments during normal opening hours. NHS health checks were offered to patients between the ages of 40 and 74.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours. The practice carried out annual health reviews of patents with learning disabilities. Patients with caring responsibilities were identified and there were links to the local carers support group.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice worked closely with mental health services. There was a lead GP at the practice for mental health. Patients experiencing poor mental health received annual health reviews. The nurse practitioner was the lead nurse for dementia and carried out annual reviews. 72.7% of patients experiencing dementia had received annual reviews, the local CCG average is 77.5% and the England average is 77.9%. The practice proactively tried to identify patients with dementia by trying to identify concerns on routine reviews and opportunistically during consultations.

Good



# Summary of findings

## What people who use the service say

We spoke with nine patients on the day of our inspection, which included three members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP but it could be difficult to see the same one which sometimes made continuity of care difficult.

We reviewed 15 CQC comment cards completed by patients prior to the inspection. The cards provided positive feedback on the level of care; comments included very good, professional and caring. Patients said the surgery was always clean. Four of the comment cards although positive regarding the care and staff at the practice, commented on the shortage of salaried GPs the practice had.

The latest GP Patient Survey published in July 2015 showed that scores from patients were below national and averages. Patients who described their overall experience as good was 79%, which was below the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results were as follows;

- GP Patient Survey score for opening hours – 68% (CCG average 81 %, national average 75%);

- Percentage of patients who were able to see or get to speak to their usual GP - 41% (CCG average 60%, national average 60%);
- Percentage of patients who were able to get an appointment to see or speak to someone last time they tried - 83% (CCG average 84%, national average 85%);
- Percentage of patients who find the receptionists at this surgery helpful - 88% (CCG average 90%, national average 87%);
- The proportion of patients who would recommend their GP surgery – 62% (CCG average 81%, national average 78%).

These results were based on 110 surveys that were returned from a total of 309 sent out; a response rate of 36%.

The practice had an action plan with completion dates set to address the issues raised in the National GP Patient Survey which included;

- Reviewing trends from the National GP Patient Survey.
- Concerns regarding the lack of continuity of GPs.
- Patients not seen on allocated appointment times and length of appointment time to be seen by a specific GP.
- Attitudes of GPs with patients.

## Areas for improvement

### Action the service MUST take to improve

- Improve the system for clinical audit. There were no two cycle completed audits which could demonstrate changes resulting in improvements of outcomes for patients since the initial audit.

### Action the service SHOULD take to improve

- Carry out a formal legionella risk assessment.

Update the leaflet given to patients who wish to make a complaint to specifically contain information regarding taking a complaint further than the practice, for example to NHS England or the Parliamentary and Health Service Ombudsman.



# Church View Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Church View Medical Centre

The area covered by Church View Medical Centre is predominantly the Sunderland West area. The practice provides services from the following address and this is where we carried out the inspection, Silksworth Terrace, Sunderland, SR3 2AW.

The surgery is located in the Silksworth area of Sunderland. The surgery is purpose built. Facilities for patients are located on the ground floor and there is disabled access including designated parking bays and disabled toilet facilities.

The practice has three salaried GPs, of which one GP is the lead, two are full-time and one part time, (two male and one a female doctor). There are three practice nurses and one nurse practitioner. There are two health care assistants. There is a practice manager and there are nine administrative staff and a domestic assistant.

The practice provides services to approximately 6,000 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England. The provider of the service is City Hospitals Sunderland NHS Foundation Trust (the trust).

The practice is open Monday to Friday 8am to 6pm and appointments could be made during this time. Patients were able to book appointments either on the telephone, at the front desk or using the on-line system.

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 undertook a comprehensive inspection of Church View Medical Practice on 8 September 2015. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was also carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 16 September 2014 had been made.

## 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?

## Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

We carried out an announced visit on 8 September 2015. During our visit we spoke with staff. This included one of the salaried GPs, two locum GPs, practice manager, two practice nurses and reception and administrative staff. We also spoke with nine patients. We reviewed 15 CQC comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in September 2014 we identified some concerns in relation to the way significant events were handled once they were raised. We also had concerns regarding systems in place to manage patient safety alerts.

During this inspection we saw that there were systems in place to capture and ensure learning from significant events. Staff told us they had received training on significant events. The practice manager ensured that information was gathered and recorded and was entered on the trust's database. We saw minutes of staff meetings where significant events were discussed. There was an annual review of all significant events to make sure action was taken to improve safety in the practice. For example a patient had been discharged from hospital without medication. This was arranged by the practice and fed back to the trust to investigate and discussed at the practice's meeting.

The practice manager had set up a new system for the dissemination of national patient safety alerts. They disseminated the alerts to the most appropriate member of staff. The system in place ensured that the appropriate members of staff had read the alert and taken any necessary action.

### Overview of safety systems and processes

When we inspected the practice in September 2014 we identified some concerns in relation to safety systems and processes.

- Serial numbers of prescription pads were not documented in line with the security of prescriptions guidance.
- The practice was unable to recruit staff quickly when needed due to the trust's policy on recruitment.
- There were not enough salaried GPs to ensure continuity of care or enough administration staff.

We found that the practice could now demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicines management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation

and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the appointed safeguarding lead for the practice. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that they could request a chaperone, if required. The practice nurses or healthcare assistants carried out this role. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patients and staff safety. The trust was responsible for the maintenance of the building. There was a health and safety policy and fire risk assessments. There were appointed fire wardens and staff received fire training annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead and received input from the infection control matron at the trust. Staff had received infection control training which included updates on hand hygiene. There were quarterly infection control audits which were linked to the trust's system. We saw action was taken to address any improvements identified as a result. The practice did not have a formal legionella risk assessment. Water samples information monitoring was in place. Following our inspection the practice manager told us the estates department at the trust was to address this as soon as possible.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw that prescription pads were securely stored and blank prescription forms were handled in accordance with national guidance.

- Recruitment checks were carried out and the files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that the practice were able to recruit staff quickly when needed. Staff told us as soon as an advertisement needed to be placed the trust supported them in doing this.
- 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. We saw that there were now three salaried GPs (one of which was part time) and a vacancy for one more which was advertised by the trust

month by month. Staff told us the practice was making improvements in continuity of care because of the number of salaried GPs now employed. Additional administration staff had also been recruited and trained.

### **Arrangements to deal with emergencies and major incidents**

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available and smoking cessation advice was available from a local support group. Blood pressure monitoring machines were available for patients.

The practice's uptake for the cervical screening programme was 77.5%, which was comparable with the national average of 76.9% and CCG average of 78.3%. The practice also encouraged its patients to attend national screening programmes such as breast cancer screening.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Co-ordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the

practice's patient record system and their intranet system. This included care and risk assessments, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. However, the practice did not have a formal system to review unplanned admissions to hospital. This was carried out on an adhoc basis. The practice had a higher A & E attendance rate than the national averages of 649 per 1,000 patients (national average 388 per 1,000, local CCG average 604 per 1,000).

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest published results from 2013/14 showed the practice obtained 95.1% of the total number of points available. This was above the local clinical commissioning group (CCG) average by 0.6 percentage points and above the England average by 1.6 percentage points. The QOF data from 2013/14 showed:

- Performance for diabetes related indicators was above the national average (99.9%, which was above the England average by 9.8 percentage points).
- Performance for asthma related indicators was better than the national average (100%, which was above the England average by 2.8 percentage points).
- Performance for mental health related indicators was above the national average (100% which was above the England average by 9.6 percentage points).
- The percentage of patients diagnosed as living with dementia whose care had been reviewed in the preceding 12 months was lower than the national average (72.7% compared to 77.9% nationally).

When we inspected the practice in September 2014 we saw there was no local system for clinical audit.

# Are services effective?

(for example, treatment is effective)

The practice must improve the way it carries out clinical audit. We found that no progress had been made in setting up a process for this. There were some audits, one regarding respiratory care improvement. There were no two cycle completed audits which could demonstrate changes resulting in improvements of outcomes for patients since the initial audit. The lead GP and clinical lead from the trust told us this was an improvement which they were to implement over the coming months.

## Effective staffing

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

- The trust had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality which practice staff attended.

- The learning requirements of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff were supported in additional skills such as leadership courses. The practice nurses said they felt particularly well supported by the matron to whom they were accountable to at the trust.

Staff received training that included: safeguarding, equality and diversity, moving and handling, infection control, fire procedures, basic life support and information governance awareness.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 15 patient CQC comment cards we received were positive about the service patients experienced. Patients said they felt the practice offered a very good, professional and caring service. Patients we spoke with including the three members of the patients participation group (PPG) were very satisfied with the service they received from the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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 and a register of carers was maintained. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a GP contacted them. 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.

Data from the National GP Patient Survey July 2015 showed from 110 responses that performance in most areas was lower than local and national averages. For example,

- 79% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 89% said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 88% said they found reception staff helpful compared to the CCG average of 90% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey Results were in line with or below local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

We discussed these results with the practice manager and lead GP who said they believed they had now taken steps to address the consistency of patient's involvement with GPs and nurses from the recent recruitment. An action plan had been put together to address the results of the National Patient Survey.

## Are services caring?

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice met with NHS England to improve outcomes for patients in the area. They were working the local clinical commissioning group (CCG) to deliver the Sunderland Health and Care System Strategic Plan and supported the extended hours facility for the locality.

The practice had a patient participation group (PPG) of 10 members and the group had been established for over 25 years. The group met monthly and had guest speakers, a recent speaker gave a talk on help and support from the local carers association. There was also a virtual group of 45 patients who the practice could go to feedback and they emailed them the practice monthly newsletter. Examples of improvements from the PPG were, raising funds for complimentary therapies to be provided by the practice. They also gave feedback to the practice highlighting that more reception staff were needed.

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

- The practice offered appointments Monday to Friday from 8am to 6pm and participated in a CCG initiative at a local primary care centre from 6pm until 8pm for patients who could not attend appointments during normal opening hours. Telephone consultations were also offered.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these which included flu and shingles vaccinations where appropriate.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were phlebotomy clinics every morning at the practice.

### Access to the service

Appointments could be booked up to four weeks in advance by telephoning the surgery. There was a triage system which operated on a morning for urgent appointments. An open access clinic with the practice nurse ran every morning for an hour.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see a GP were available to be booked in one week as were the appointments to see the practice nurse. There were urgent appointments available on the day of the inspection.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below or in line with local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 72% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 52% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

### Listening and learning from concerns and complaints

When we inspected the practice in September 2014 and we had concerns in the way complaints were dealt with. The process for handling complaints was not clearly documented and there was no analysis of them to detect themes or trends.

The practice had a system in place for handling complaints and concerns. Its complaints policy was the policy of the trust. The leaflet which was given to patients who wished to make a complaint did not specifically contain information regarding taking a complaint further than the practice, for example to NHS England or the parliamentary and health service ombudsman.

There was comprehensive information in the practice information leaflet on the process on how to make a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received three formal complaints in the last 12 months and these had been investigated in

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

line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Informal complaints had also been

documented. Complaints and lessons to be learned from them were discussed at staff meetings. Formal reviews of complaints received by the practice were completed on a quarterly basis.

# 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 number of aims and values that were central to the services they provided. This included their vision which was to provide holistic patient centred care.

Staff we spoke with showed they shared these values, and they consistently spoke about the care of patients being their main priority.

The practice had its own professional development plan dated April 2015 which set out the practice aims, identification of needs, including educational needs and how the needs would be met. However, there were no dates for when these would be reviewed or completed.

### Governance arrangements

When we inspected the practice in September 2014 we had concerns in the way the governance arrangements operated both within the practice and between the trust and the practice.

From January 2015 the trust changed the directorate to which the practice was governed by. The medical specialities directorate were now responsible for the practice. Staff told us that this had a positive effect on the management of the practice and improvements had been made. There was now a clear organisational chart and structures and procedures were in place.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.

- Named members of staff took on lead roles. For example, there was a lead GP for mental health and the nurse practitioner was the dementia lead.
- Some policies in place were still trust specific, however others had been adapted to suit the practice, such as the recruitment policy. The trust was working on further improvements to existing policies to be more specific to the practice.
- There was a system of reporting incidents and learning from outcomes and analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. We saw minutes of regular staff meetings which included nurse meetings and governance meetings with the trust.
- The practice was acting on patients' feedback and engaging patients in the delivery of the service.
- The GPs were all supported to address their professional development needs for revalidation and all staff received an appraisal. The GPs attended the trust's clinical governance meetings which gave them support.

### Innovation

The practice had introduced a nurse-led clinic that was held every morning for an hour. It was a walk-in clinic with no appointment needed. Patients also had access to an out of hours initiative supported by the practice at a local primary care centre from 6 until 8pm for patients who could not attend appointments during normal opening hours. There was a phlebotomy clinic at the practice each day.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b> Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided.</p> <p>The practice could not demonstrate on going quality improvement and effective care through completed clinical audit cycles.</p> <p>Regulation 17 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (a)</p>