

Sunderland GP Alliance - The Galleries

Quality Report

The Galleries Health Centre
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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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Sunderland GP Alliance - The Galleries	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunderland GP Alliance - The Galleries

17 October 2017. Overall the practice is rated as requires improvement.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Data from the Quality and Outcomes Framework (QOF) for 2016/17 showed that patient outcomes were below average at 91.7% when compared to local and national averages.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

- The practice was aware of and complied with the requirements of the duty of candour.

The areas where the practice must make improvements are;

- Ensure care and treatment is provided in a safe way to patients (See Requirement Notice Section at the end of this report for further detail).

The areas where the provider should make improvements are:

- Continue to improve the system for management of chronic disease and medication reviews.
- Continue to improve the patient experience in relation to making appointments, in line with the practice action plan.
- Obtain records of staff immunisations, where necessary, for existing staff.
- Monitor the frequency of the cleaning of curtains in treatments rooms.
- Develop and review the carers register.

Summary of findings

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 requires improvement for providing safe services.

Risks to patients were assessed and managed. However, there were no records of staff immunisations for existing staff. The defibrillator and oxygen had not been checked to ensure they were fit for purpose at one of the branch surgeries.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. However, patient group directives were not signed appropriately.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

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, and verbal or written apologies.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic and good infection control arrangements were in place.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services as there were areas where they should make improvements.

The practice had a clinical audit plan in place for 2017/18. Work on the audits had just begun. There were some single cycle audits available, which included diabetes and an atrial fibrillation audit. There was one two cycle audit regarding infection control.

There were chronic disease registers in place; however these were not fully up to date. There was a backlog of medication reviews for patients. The practice were well aware of this and an action plan was in place to address this.

Requires improvement



Summary of findings

Data which the practice supplied us with from the Quality and Outcomes Framework (QOF) for 2016/17 was varied when compared to the local and national average. The areas which were particularly low were diabetes at 79% of the total points achieved, and chronic obstructive pulmonary disease (COPD) at 79%. The practice were aware of this and had plans in place to improve in these areas. However they had achieved between 97% and 100% for 13 of the 19 clinical indicators, which was the same or above the national average, this included asthma, palliative care, learning disability, heart failure and hypertension.

Staff had received an annual appraisal where appropriate and the practice had invested in training appropriate for the roles staff were undertaking. Staff were working with multi-disciplinary teams to improve patient care.

Are services caring?

The practice is rated as requires improvement for providing caring services as there were areas where they should make improvements.

Results from the National GP Patient Survey in July 2017 showed that scores were lower than average for patients being treated with compassion, dignity and respect by doctors, although they higher than average for nurses. For example, 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%. In relation to finding the receptionists at the practice helpful, 77% of patients said they were compared with the CCG average of 89% and the national average of 87%.

The practice had a carers register with fewer than 1% of patients identified as a carer. They recognised that this was an area which could be improved.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where they are making improvements but patient satisfaction is poor.

There were concerns raised from CQC comment cards completed and from patients prior to the inspection regarding the service provided in relation to getting through to the practice on the telephone and being able to make an appointment. The practice had obtained several complaints both formally and informally regarding this.

Requires improvement



Summary of findings

The management of the practice were very aware of these comment and complaints. There was an action plan in place to address these issues. This included a new telephone system, moving the time patients could ring up to obtain test results to a quieter time to free up telephone lines and promoting online access.

The practice provided a range of services for patients, such as an antenatal clinic, baby immunisations clinic and travel vaccines. There were extended opening hours on a Wednesday morning. The facilities at the three surgeries were good.

The practice had a system in place for handling complaints and concerns which was in line with recognised guidance and contractual obligations for GPs in England.

Are services well-led?

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

The management had identified improvements to the service required since the merger of the practices and had an action plan in place to address this. They had, with the help of the staff, successfully achieved improvements in the areas of recruitment, staff training, staffing restructure, there was work on-going with streamlining of processes, which included medication reviews and reviews for patients with chronic diseases. The practice were fully aware of what they needed to achieve and further work was on-going.

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity. There was a governance framework which supported the delivery of the strategy and good quality care.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice sought feedback from staff and patients, which it acted on.

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 requires improvement for the care of older people. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services.

The practice offered proactive care to meet the needs of the older people in its population. Older people had a named GP. Data from Quality and Outcomes Framework (QOF) which the practice provided us with showed they had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 98% of the points available to them for providing recommended care and treatment for patients with heart failure.

There were care plans in place for 1.7% of the practice population, including older people, via the local unplanned admissions service.

The practice maintained a palliative care register. They offered immunisations against pneumonia and shingles to older people and in their own home where necessary. Health checks were offered to all patients over the age of 75. Prescriptions could be sent to any local pharmacy electronically.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions.

There were chronic disease registers in place; however they were not up to date. With the help of the IT team at the practice they were working through the lists to ensure that all patients received a review at least once yearly in their birth month. Similarly a new system for medication reviews had been set up.

Data the practice provided us with showed the practice had low scores in diabetes (79%) and chronic obstructive pulmonary disease (COPD) 79%, these were less than the national and local averages which were; diabetes national average 91%, local average 92.8%. COPD national average 96.1%, local average 96.6%. The practice had arranged extra training for nurses in these areas to improve the care for patients with chronic conditions. However the score for hypertension was 100% and asthma was 97%.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. Staff had received safeguarding training and there were practice leads for safeguarding adults and children.

Appointments were available outside of school hours and the premises were suitable for children and babies. Patients were able to access out of hours appointments from the local GP federation of practices in the area with GPs, nurses or health care assistants outside of their normal working hours. This meant the practice were able to provide early morning, late evening, weekend and bank holiday appointments.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 90%, compared to CCG averages of 92% to 100%. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services.

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 routine healthcare appointments online. Telephone consultations were available.

The practice offered health promotion and screening, they had access to appropriate health assessments and checks, which included exercise and dietary advice and a smoking cessation programme. The practice's uptake for cervical screening was 77%, which is below the national average of 81%.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Requires improvement



Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had a learning disabilities register of 84 patients and a lead nurse in place to manage this. They had worked with outside agencies to bring the register up to date.

The practice had 121 carers registered on their system which was less than 1% of the overall practice population. Similarly, the practice were aware that they needed to do more work around the identification of carers. There was written information available for carers to help them understand the various avenues of support available to them in the practice waiting room.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services.

Data the practice provided us with showed their scores for mental health, they were low compared to national and local averages. They were mental health were 85%, depression 88% and for dementia 88%.

The practice maintained a register of patients experiencing poor mental health and dementia and recalled them for regular reviews. There were care plans in place for those with dementia and staff had received dementia awareness training. Patients were advised how to access various support groups and voluntary organisations. Where appropriate patients with complex conditions were discussed at their MDT meetings.

Requires improvement



Summary of findings

What people who use the service say

Prior to our inspection we received concerns from 10 patients regarding the practice. The themes were mainly regarding access to the practice on the telephone and not being able to obtain an appointment. Patients raised concerns about repeat prescriptions being delayed.

We spoke with four patients on the day of our inspection including two members of the patient participation group. Three of the patients we spoke with said it was difficult to get through on the telephone to make an appointment.

We reviewed 112 CQC comment cards, overall, completed by patients prior to the inspection. The responses are as follows by surgery;

- The Galleries Health Centre, there were 47 cards completed. 29 were negative with 19 in relation to patients not being able to get through on the telephone or being able to obtain an appointment. Four were in relation to prescriptions not being ready on time and eight described the service as awful or poor. There were 18 positive comment cards. Words used to describe the service from these cards included fantastic and good.
- Barmston Medical Centre, there were 23 cards completed. 12 were positive and comments and words used to describe the service were excellent and good. 11 cards were negative; nine were in relation to patients not being able to get through on the telephone to the practice to make an appointment. Two were in relation to lack of continuity of care from GPs.
- Pennywell Medical Centre, there were 42 cards completed. 36 were positive and common words used to describe the service were excellent and helpful and described the staff as caring. Six cards were negative; four were in relation to not being able to obtain an appointment or being able to get through on the telephone. The others were unrelated comments.

The latest GP Patient Survey published in July 2017 showed that scores from patients were mostly below the averages for most areas, other than the scores for nurses which were higher. The percentage of patients who described their overall experience as good was 77%, which was below the local clinical commissioning group (CCG) average of 86% and the national average of 85%. Other results from those who responded were as follows;

- 58% of patients would recommend their GP surgery compared to the local CCG average of 77% and national average of 77%.
- 85% said the GP was good at listening to them compared to the local CCG average of 88% and national average of 89%.
- 80% said the GP gave them enough time compared to the local CCG average of 87% and national average of 86%.
- 95% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 96% said the nurse gave them enough time compared to the local CCG average of 93% and national average of 92%.
- 76% said they found it easy to get through to this surgery by phone compared to the local CCG average 75%, national average 71%.
- 61% described their experience of making an appointment as good compared to the local CCG average 74%, national average 73%.
- 77% said they find the receptionists at this surgery helpful compared to the local CCG average 89%, national average 87%.

These results were based on 104 surveys that were returned from a total of 309 sent out, a response rate of 34% and 0.7% of the overall practice population.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients (See Requirement Notice Section at the end of this report for further detail).

Action the service **SHOULD** take to improve

- Continue to improve the system for management of chronic disease and medication reviews.
- Continue to improve the patient experience in relation to making appointments, in line with the practice action plan.
- Obtain records of staff immunisations, where necessary, for existing staff.
- Monitor the frequency of the cleaning of curtains in treatments rooms.
- Develop and review the carers register.

Sunderland GP Alliance - The Galleries

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 and nurse specialist advisor and a second CQC inspector.

Background to Sunderland GP Alliance - The Galleries

Sunderland GP Alliance is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 13,500 patients from three locations and we visited these addresses as part of the inspection.

- The Galleries Health Centre, Washington, Tyne and Wear, NE38 7NQ
- Barmston Medical Centre, Westerhope Road, Washington, Tyne and Wear, NE38 8JF
- Pennywell Medical Centre, Portsmouth Road, Sunderland, Tyne and Wear, SR4 9AS

The three locations were previously separate GP practices. They were merged under one contact from 1 October 2016. The provider of the service is a limited company of local GP providers, Sunderland GP Alliance. The board of six directors is made up of four GPs, one practice manager and one nurse; they serve a four year term on the board of directors. The patients can now access care at any of the surgeries.

The Galleries Health Centre is situated in purpose-built premises in Washington; the health centre is shared with other primary medical and secondary services. All reception and consultation rooms are fully accessible for patients with mobility issues. There is car parking available in the nearby shopping centre and there are dedicated disabled parking bays on the ground floor of the building. There is a lift to access the higher floors.

Barmston Medical Centre is a purpose built premises, there are patient facilities on the ground floor and there are disabled parking spaces in the patient car park, with wheelchair and step free access.

Pennywell Medical Centre is based in purpose built premises that are shared with external community services. 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 two lead GPs who work 14 sessions per week between them, six salaried GPs who work 19 sessions per week between them and two long term locum GPs who work 6 sessions per week (Five GPs are female and three male). There are four advanced nurse practitioners (whole time equivalent WTE 3.41), two practice nurses (WTE 1.49), three career start practice nurses (WTE 2.6) and four healthcare assistants (WTE 3.24). Career start nurses are first level registered nurses, the career start scheme assists them in their career in practice nursing. There are full time business and practice managers. There are 15 (WTE 11.64) staff who undertake administration duties.

The three locations are open Monday to Friday 8am to 6.30pm, with The Galleries surgery open from 7am on Wednesday mornings.

Detailed findings

GP appointments are available from 8am until 11am and 2pm until 5pm. There is an on call GP every day from 9.30am until 6.30pm.

The provider is also part of a federation of GP practices in the Sunderland area who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. This meant the practice were able to provide early morning, late evening, weekend and bank holiday appointments. Patients could contact the practice reception team to arrange these appointments.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice website and in the practice leaflet.

The practice is part of NHS Sunderland clinical commissioning group (CCG). The practice provides services based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information 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.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 17 October 2017.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The business manager was responsible for their collation. They maintained three schedules of significant events by surgery. There had been 46 in the last 12 months with 33 in the first six months and 13 in the last six months. The events were discussed at monthly management meetings and learning and outcomes discussed and shared with staff at their monthly staff meetings. Where significant events and incidents met the threshold criteria, these were added to the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS). We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw that a yearly analysis of significant events was carried out in March each year.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. They could all tell us about significant events they had reported and they told us about some which had been discussed at the practice meetings and where changes had been made to processes and policies as a result of the significant events. For example concerns had been raised regarding the care of the practices patients with diabetes. The practice then carried out an audit from this event and patients were contacted where necessary and action taken. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. National patient safety alerts came to the practice via the practice manager's email. They disseminated the alerts they received to the most appropriate member of staff and they used a spreadsheet to monitor this.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety, including infection control, 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 chair of the provider, Sunderland GP Alliance, was the safeguarding lead for the practice jointly with one of the advance nurse practitioners. All the GPs and nurses had been trained to child safeguarding level 3. The staff had received child and adult safeguarding relevant to their role. There were monthly safeguarding meetings at the practice; we saw copies of minutes of the meetings to confirm this. Staff demonstrated they understood their responsibilities in relation to safeguarding.
- Notices 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, patients commented positively on the cleanliness of the practice. The lead practice nurse was the infection control lead. They had received the training relevant to this role. The lead nurse had carried out hand hygiene training for staff. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. Although the curtains around the examination couches appeared clean and we were told they had been changed regularly, there were no records to show they were being changed at least every six months. This is recommended by the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance. The practice had records of staff immunisations for the new staff recruited by the provider, however there were no records held of the existing staff's immunisations. The practice were sure that staff had been immunised and said that they would organise records of 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 and handling). However, we saw that not all of the patient group directions (PGDs) were appropriately signed (PGDs are specific guidance on the administration of medicines authorising health care professionals such as nurses to administer vaccines without the patient having to see a doctor). There were arrangements in place to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local CCG pharmacist.

- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and salaried GPs and saw that 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. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice employed a health and safety contractor to ensure they complied with legal requirements and that staff were trained appropriately in health and safety and fire safety, with fire warden training planned for the day following our inspection. There was a health and safety policy and risk assessment. There were regular fire drills and tests of the fire equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Following the inspection the business manager forwarded us legionella risk assessments for all three surgeries which they obtained from the landlord. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

- The provider told us that GP cover for the practice had been a challenge since they took over the practice as there was a shortage of GPs. More recently the practice had recruited more salaried GPs and long term locums to address this issue. However, the practice still required another full time GP (eight sessions) and a part time GP to replace where locum GPs were covering; it was proving difficult to fill these vacancies. The practice had advertised nationally and locally to fill these vacancies. Advanced nurse practitioners and healthcare assistants were recruited to complement the existing workforce. The practice had recruited GPs and nurses who were on career start programmes (with one GP just completing their programme and staying at the practice as a salaried GP), these are newly qualified staff who were mentored and supported with career development into the role of GP and nurse. Staff had been trained to signpost patients to the most appropriate clinical person so that clinical time was used appropriately.
- There were arrangements in place for planning and monitoring the number of administration staff. The practice had recently re-structured administration staff roles to ensure that roles and responsibilities were defined. They had recruited six more staff so they could have IT, secretary, reception and pharmacy technician teams and streamline administration process. The issue of sufficient doctor cover and streamlining of administration staff roles were part of an action plan for the practice to drive forward improvement.

Arrangements to deal with emergencies and major incidents

Staff had received basic life support training and there were emergency medicines available in all surgeries. All surgeries had a defibrillator available on the premises and oxygen. However, the defibrillator and oxygen had not been checked, to ensure it was fit for purpose, at Barmston Medical Practice, for some months. Emergency medicines were easily accessible to staff in a secure area of the surgeries and all staff knew of their location. The practice had a business continuity plan in place for major incidents such as building damage.

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. Local and national templates were used to ensure care was delivered in line with guidance. There were clinical meetings weekly and education meetings every month.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

We asked the practice if they would share with us the results of the QOF for 2016/17, as these results were not yet available to us at the time of the inspection. We saw that overall they had achieved 91.7% of the points available to them. The new provider took over the practice in October 2016; therefore some of the data collected for this period would have been from the previous providers.

From the 19 clinical indicator groups we saw the practice had achieved between 97% and 100% of the total points for 13 of these, which was the same or above the national averages. This included asthma, palliative care, learning disability, heart failure and hypertension. The practice had achieved 79% of the total points for both diabetes and chronic obstructive pulmonary disease (COPD); these were less than the national and local averages which were; diabetes national average 91%, local average 92.8%. COPD national average 96.1%, local average 96.6%. The practice also achieved lower-than-average scores for mental health (85%), depression (88%) and dementia (88%).

The practice were aware of the lower scores. There was an action plan in place to address these issues. Soon after the merger of the practices a significant event had highlighted gaps in diabetes care. This had led to a clinical audit to identify any patients they needed to review. The practice had recruited several new nurses in recent months. They were due to start training on diabetes and COPD care to improve outcomes for patients with chronic conditions. The practice were in the process of improving their recall system for chronic conditions.

The practice had a clinical audit plan in place for 2017/18. Work on the audits had only recently begun since the new provider took over the practice. There were some single-cycle audits available, which included diabetes and an atrial fibrillation audit. We saw one two-cycle audit which was one the practice had carried out on infection control. This had been an area which required improvement following the takeover of the practices. The audit demonstrated the streamlining of processes and the introduction of new infection control arrangements.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics such as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.
- The provider of the practice had recently undertaken a review of training for all staff. They recognised there were gaps in the training for existing staff and they had recruited several new members of staff who required mandatory training. We saw that there were comprehensive records of the training required by each role within the practice and when the training had been undertaken. Training included, information governance, safeguarding children and adults, dementia awareness, health and fire safety, prevent infection control, conflict resolution and complaints handling training. The business manager told us that the management of the practice had further work to do in this area and it was planned to have a development plan in place for each member of staff. Staff had received an appraisal within the last twelve months where appropriate. Staff told us

Are services effective?

(for example, treatment is effective)

they felt supported in carrying out their duties. Two of the administration staff were studying for a National Vocational Qualification (NVQ) in Business and Administration.

- The practice had appointed a lead nurse who was one of the advanced nurse practitioners who acted as clinical mentor to the nursing team. The role of the healthcare assistants was also being developed with a training programme in place.
- All GPs in the practice had undertaken revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GPs also received in house appraisals. Two of the providers directors were mentors to the lead salaried GP of the practice.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services. Multi-disciplinary team (MDT) meetings took place, we saw minutes of meetings which confirmed this. At these meetings knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care plan put in place. Patients on the practice palliative care register were also reviewed.

The practice were trying to address issues related to coordinating patient care as part of the action plan for improvement that had been put in place when the new provider took over. The provider had taken action to set up a system for medication reviews for patients. We looked at the system in place which was appropriate; however, there was still a backlog of reviews which the practice were working through. The pharmacist team were coordinating this. The practice were working through the chronic disease registers to ensure that all patients with chronic conditions had received appropriate reviews and they were establishing a baseline of required actions. The IT team at the practice assisted with this to ensure that the workflow processes were effective.

The practice had recognised that there appeared to be a low prevalence of diabetes, asthma and chronic kidney disease patients and they intended to audit this. The practice had arranged extra training for nurses in, for example, COPD and diabetes to improve the care for patients with chronic conditions.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 77%, which was below the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 90%. Patients had access to appropriate health assessments and checks, which included exercise and dietary advice and a smoking cessation programme. These included health checks for new patients with the health care assistant nurse or GP if appropriate.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We reviewed 112 CQC comment cards, overall, completed by patients prior to the inspection. The responses are as follows by surgery;

- The Galleries Health Centre, there were 47 cards completed. 29 were negative with eight describing the service as awful or poor. There were 18 positive comment cards. Words used to describe the service included fantastic and good.
- Barmston Medical Centre, there were 23 cards completed. 12 were positive and comments and words used to describe the service were excellent and good. 11 cards were negative. Two were in relation to continuity of care from GPs.
- Pennywell Medical Centre, there were 42 cards completed. 36 were positive and common words used to describe the service were excellent and helpful and described the staff as caring. Six cards were negative.

Results from the National GP Patient Survey in July 2017 showed that scores were slightly lower than average for patients being treated with compassion, dignity and respect by doctors. The scores however, were higher than average for nurses. For example, of those who responded:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey showed scores for doctors were lower than local and national averages in relation to involvement in planning and making decisions about their care and treatment but higher for the nurses. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 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

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

Are services caring?

The practice had 121 carers registered on their system which was less than 1% of the overall practice population. The practice were aware that they needed to do more work

around the identification of carers. There was written information available for carers to help them understand the various avenues of support available to them in the practice waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had reported formally to the local CCG on progress made since the takeover of the three practices. A risk assessed action plan was in place to address areas for improvement.

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;

- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations were available.
- The practice were able to provide early morning, late evening, weekend and bank holiday appointments as they were part of a federation of GP practices in Sunderland who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours.
- There was an antenatal clinic held at the practice by the midwives from the local hospital trust. Child immunisations could be arranged by appointment with a practice nurse.
- There were disabled facilities and translation services available.
- The practice provided an NHS travel vaccine service.
- Patients could use on-line access to book appointments and to order repeat prescriptions.

Access to the service

The three surgeries were open Monday to Friday 8am to 6.30pm, with The Galleries surgery open from 7am on Wednesday mornings.

GP appointments were available from 8am until 11am, 2pm until 5pm. There was an on call GP available every day from 9.30am until 6.30pm.

The provider was also part of a federation of GP practices in the Sunderland area who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. This meant the

practice were able to provide early morning, late evening, weekend and bank holiday appointments. Patients could contact the practice reception team to arrange these appointments.

Prior to our inspection we received concerns from 10 patients regarding the practice. The themes to the concerns were mainly regarding not being able to get through to the practice on the telephone and not being able to obtain an appointment.

We reviewed 112 CQC comment cards, overall, completed by patients prior to the inspection. There were 32 negative responses from patients with regards to getting through on the telephone and obtaining an appointment from these. The highest numbers were from The Galleries Health Centre (19).

We spoke with four patients on the day of our inspection including two members of the patient participation group. Three of the patients we spoke with said it was difficult to get through on the telephone to make an appointment.

Results from the National GP Patient Survey showed that score for patient's satisfaction with how they could access care and treatment was similar to the national and local averages, other than satisfaction for their experience of making an appointment which was below the averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 75% and the national average of 71%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 80% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 61% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

We spoke with reception staff on the day of the inspection. The next available routine appointment was in 10 working days.

The management of the practice were very aware that there were complaints and concerns from patients regarding getting through on the telephone and not being able to obtain an appointment. The concerns were more prevalent at The Galleries Health Centre, where due to less GPs following the merger the system for making an appointment had changed, which the patients were not used to. The practice were working toward addressing the issues. There was an action plan in place. A new telephone system was introduced in July 2017. At peak times for calls which was between 8:30-9am an additional resource was allocated to focus on incoming calls. The practice had changed the arrangements for patients who needed to ring the practice for test results. They requested that calls for these are made during the afternoon to alleviate pressure of calls through the morning. They were promoting online access to help alleviate the number of telephone calls. An audit of this was planned once the new telephone system had an opportunity to become established, reports had been set up on the new system so that incoming and answered call times could be monitored.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. This was in line with recognised guidance

and contractual obligations for GPs in England. The business manager and one of the salaried GPs were the designated responsible people who handled all complaints in the practice. Any complaints raised with the head office of the provider were forwarded to the practice for them to deal with.

The practice had maintained three separate databases of complaints for each surgery from October 2016 to March 2017. There had been 38 verbal and written complaints. An analysis of this showed that these were predominantly regarding not being able to get through on the telephone or being able to make an appointment. From April 2017 to the time of the inspection (October 2017) there had been a further 16 complaints. These were mostly in relation to not being able to get through on the telephone and delays in repeat prescriptions being ready for collection.

We looked in detail at the complaints. There was a register to manage these complaints and the practice was following their complaints policy. Complaints had been acknowledged, there were records to document an investigation of them. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Staff had received recent training in relation to handling complaints.

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 provider had a clear vision – ‘To deliver high quality care person centred care, to maintain and improve the health of our patients’.

The practice had a business plan in place which set out objectives of which the practice wished to achieve over the next five years. There was an action plan attached to this. It included the development of GPs, nurses and staff, patient services and satisfaction. There was a shorter term action plan in place to address progress made with the merger of the three practices as agreed with the local CCG. This included improvements to appointments and the telephone system, recruitment, improvement in IT, medication reviews and the development of a chronic disease recall system.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the salaried GPs was the lead for education and clinical governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was an understanding of the performance of the practice and this was being improved, issues in areas for improvement had been identified, for example diabetes care.
- The practice had begun a programme of clinical and internal audit; this was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some risks such as checking of the defibrillator and oxygen equipment had been overlooked.
- We saw evidence from minutes of the various meetings at the practice that lessons were learned and shared following significant events and complaints.

Leadership and culture

The management in the practice had the experience, capacity and capability to run the practice and ensure quality care. The merger of the three practices had presented some challenges. The management had recognised the actions necessary to address these and were working through them. Staff told us they felt supported and that the management were approachable.

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a leadership structure in place.
- There was a rota of meetings held in the practice. The practice management team meet on a bi-monthly basis. There was a full staff meeting one a month when staff from all three surgeries got together. There was a monthly educational meeting. Regular multi-disciplinary team meetings (MDT) MDT meetings included palliative care and safeguarding meetings; with meetings with the wider external teams for example district nurses and health visitors.
- There was a monthly staff newsletter to keep staff informed of changes.

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

There was one patient participation group (PPG) for all three surgeries. They held bi-monthly meetings in rotation at all three sites and one of the directors of the alliance attended the meetings. We spoke with two members of the group. One of them explained that issues affecting the practice since the merger, such as getting through on the telephone and making an appointment were discussed and re-assurances given from the management of the practice that these issues were being addressed.

The practice had a patient newsletter. This was on a quarterly basis. It kept patients up to date with changes in the practice such as new members of staff and changes to the telephone system.

Continuous improvement

The practice had an action plan in place for improvement since the merger of the practices. This was shorter term goals. They had, with the help of the staff, successfully

Are services well-led?

Good 

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

achieved improvements in the areas of recruitment, staff training, staffing restructure, there was work on-going with streamlining of processes, which included medication reviews and reviews for patients with chronic diseases. The practice were fully aware of what they needed to achieve. They also recognised further work was necessary in other areas, for example, they wanted to check the prevalence of some chronic diseases and also they recognised that diabetes care could be better and clinical audit of this was

planned. There was training planned for the nurses in chronic disease management. The practice had a plan in place for clinical audit over the next year. They were to have development meetings with staff to discuss how their roles could be enhanced further. The practice business plan set out areas planned for longer term development of the practice which included sexual health and minor surgery services.

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
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>Not all patient group directions were appropriately signed.</p> <p>There was not an effective system in place to ensure the defibrillators and oxygen equipment were fit for purpose.</p> <p>This was in breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (1)</p>