Dr Stephenson and Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Dr Stephenson and Partners on 18 January 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and a highly effective system for reporting and recording significant events
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations and with the local community when planning how services were provided, to ensure patients' needs were met.
- Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment. The practice had signed up to the Dignity Code issued by the Pensioners Convention. (This Code sets out what staff should do in order to respect the dignity of older people.) Staff we spoke with were aware of this Code, and understood what they needed to do to comply with this on a day-to-day basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care. All

Summary of findings

staff were actively engaged in monitoring and improving quality and patient outcomes. Staff were highly committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- The leadership, governance and management of the practice assured the delivery of high-quality person-centred care, supported learning, and promoted an open and fair culture. Staff had a clear vision and strategy for the development of the practice. All staff held leadership roles and had invested in the practice doing well.

We also saw areas of outstanding practice:

- The practice showed leadership across the local region. A number of clinical staff held key lead roles both within the local clinical commissioning group and the wider locality, and demonstrated their commitment to improving patient care by supporting new and innovative ways of working. For example, the practice had taken a lead role in producing a 'Young Carers' booklet in conjunction with the young carers at the Sunderland Carers Centre. As part of their commitment to improving services and outcomes for patients, the practice had played key roles in piloting new initiatives, for example, trialling changes in electronic laboratory reporting systems. This is outstanding because clinical staff are showing strong leadership in piloting new ways of working which have been adopted by other practices.

However, there was also an area where the provider needs to make improvements. The provider should:

- Continue to review and improve the practice's telephone access and appointment system.
- Keep a record of any decisions they make in relation to obtaining satisfactory evidence of staff's conduct in previous periods of employment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. The practice had clearly defined systems and processes that kept patients safe. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place. The premises were clean and hygienic. Pre-employment checks had been carried out for staff recently appointed by the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

Outcomes for patients were consistently very good. Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were above average, when compared to the local clinical commissioning group (CCG) and England averages. Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance. Clinical audits demonstrated staff's commitment to quality improvement. Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked effectively with other health and social care professionals to help ensure the range and complexity of patients' needs were met. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations was either above, or broadly in line with, the local CCG and national averages. Patients told us they were treated with compassion, dignity and respect, and they felt well looked after. Information for

Summary of findings

patients about the range of services provided by the practice was available and easy to understand. Staff had made very good arrangements to help patients and their carers cope emotionally with their care and treatment.

The practice had a register of 414 patients who were also carers. (This included 13 younger people.) Information supplied by the Sunderland local carers centre, in December 2015, showed staff had made more referrals to the centre than any other practice in Sunderland. The practice had a designated 'Young Carers Champion', who reviewed the needs of all new young carers to identify how they could be best supported. Staff also used a good practice assessment tool, devised by the Children's Society, to identify young patients whose responsibilities as a carer could be affecting their well-being so they could receive focussed support. The practice's approach to identifying and supporting young carers was outstanding because it demonstrated how staff gave equal regard to patients' social and emotional needs as to their physical needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Staff had taken on lead roles in service planning and quality improvement within the locality, and were actively contributing to the development of local services for the benefit of all patients in the City of Sunderland. For example, the practice manager was playing a lead role in supporting and engaging other practices to contribute to the implementation of the 'new models of care' being piloted by the Sunderland Vanguard site.

The practice worked closely with other organisations and with the local community to plan how services were provided, to ensure they met patients' needs and offered flexibility, choice and continuity of care. Patients we spoke with, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments, and said they were able to obtain an appointment in an emergency. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with the convenience of appointments was better than the national average, and for appointment waiting times, was better than both the local CCG and national averages. However, patient satisfaction with telephone access and appointment availability, was lower than the local CCG and national averages. Staff had been proactive in taking action to address these concerns and they closely monitored patient feedback, and used this to further improve how they responded to demand for same-day urgent care. The practice had good facilities and was well

Summary of findings

equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and evidence showed that the practice responded quickly to any issues raised.

Are services well-led?

Good

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

The practice's leadership and governance arrangements actively encouraged and supported a culture which consistently focussed on how high quality person centred care could be delivered and improved. The practice showed leadership across the local region. A number of clinical staff held key lead roles both within the local clinical commissioning group and the wider locality, and demonstrated their commitment to improving patient care by supporting new ways of working. The practice had a very clear vision to deliver high quality care and promote good outcomes for their patients. There was a detailed and comprehensive development plan which clearly set out the practice's strategy and supporting objectives. These were challenging and innovative, whilst remaining achievable. All of the staff we spoke to were aware of the practice's vision, were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance and performance management arrangements were rigorous and reflected best practice. The practice had clearly defined and embedded systems and processes that kept patients safe. There was a clear leadership structure and staff felt very well supported by the GPs and the practice manager. Regular clinical management, nursing and multi-disciplinary team meetings took place which helped to ensure patients received highly effective and safe clinical care. The practice actively sought feedback from patients via their Friends and Family Test survey and patient participation group. They had used this to continue making improvements to telephone access and appointment availability. There was a very strong focus on, and commitment to continuous learning and improvement, at all levels within the practice. Staff were highly committed to supporting the development of better services for patients through their involvement in, and support for, the Sunderland Vanguard project.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. There are aspects of the practice that are outstanding which therefore impact on all population groups.

Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them, for providing care and treatment to patients who had heart failure. This was 1.3% above the local CCG average and 2.1% above the England average. The practice offered proactive, personalised care which met the needs of the older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these. The practice was carrying out a pilot which involved their phlebotomist carrying out blood tests, for two hours each day, in patients' own homes, to evaluate whether this would reduce the burden on the district nursing service, and provide more patient focussed care. The practice had signed up to the Dignity Code issued by the Pensioners Convention. (This Code sets out what staff should do in order to respect the dignity of older people.) Staff we spoke with were aware of this Code, and understood what they needed to do to comply with this on a day-to-day basis.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. There are aspects of the practice that are outstanding which therefore impact on all population groups.

Nationally reported QOF data, for 2014/15, showed the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them, for providing care and treatment to patients with diabetes. This was 6.5% above the local CCG average and 10.8% above the England average. Patients with long-term conditions were offered a structured annual review, to check their health needs were being met and that they were receiving the right medication. A very good call and recall system was in place which helped ensure that all patients requiring an annual review received one. Clinical staff were very good at working with other professionals to deliver a

multi-disciplinary package of care to patients with complex needs. Nursing staff held lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The Advanced Nurse Practitioner (ANP) undertook a daily analysis of all the unplanned admissions and discharges that had taken place during the previous 24 hours. They assessed whether these patients met the criteria for being included on the practice's list of the most vulnerable patients. The ANP also attended the weekly Integrated Care multi-disciplinary meetings, where the needs of the most vulnerable patients were discussed and emergency care plans agreed. They had worked in collaboration with other health and social care professionals to prepare emergency care plans to help keep this group of patients safe, and to educate them about how to get the most out of their GP practice.

Families, children and young people

Good

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

There were very good systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice's premises were suitable for children and babies. The practice offered contraceptive and sexual health advice, and immunisations were offered to all eligible patients. The practice had performed well in delivering childhood immunisations. Publicly available information showed that all of their immunisation rates were above 90%, and seven of the 17 immunisation rates were 100%. Nationally reported data also showed the practice had performed very well in the delivery of their cervical screening programme. This showed the uptake for their cervical screening programme was significantly higher, at 94.78%, in comparison to the national average of 81.83%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). There are aspects of the practice that are outstanding which therefore impact on all population groups.

Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data, for 2014/15, showed the practice had obtained 100% of the overall points available to them for providing care and treatment to patients who had hypertension.

Summary of findings

This was 0.5% above the local CCG average and 2.2% above the England average. The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. Extended hours GP and nurse appointments were offered to make it easier for working patients to access appointments. Staff provided a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that are outstanding which therefore impact on all population groups.

There were good arrangements for meeting the needs of vulnerable patients. There were very good systems in place to help reduce unplanned emergency admissions into hospital. For example, staff had been provided with clear and thorough guidance about how to manage the needs of the practice's most vulnerable patients. The practice maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen. Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. Good arrangements had been made to meet the needs of patients who were also carers, and the practice acted as a 'Safe Haven' for patients who needed a place of safety until their needs could be assessed by health and social care professionals.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that are outstanding which therefore impact on all population groups.

There were good arrangements for meeting the needs of patients with mental health needs. Nationally reported QOF data, for 2014/15, showed the practice had performed very well in obtaining 100% of the total points available to them for providing recommended care and treatment to this group of patients. The data showed that 93.7% of patients had a documented care plan, which had been agreed with their carers during the preceding 12 months. This was

significantly above the local CCG average, by 17.1%, and above the England average, by 16%. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and they were able to access in-house counselling and psychotherapy. There were clinical leads for mental health and dementia, who provided staff with guidance and expertise. The practice kept a register of patients who had dementia to make sure they received the support they required. The practice's clinical IT system clearly identified these patients to ensure staff were aware of their specific needs. Staff had attended a Dementia Awareness training session, to help them understand the needs of these patients and improve the care they received.

Summary of findings

What people who use the service say

Feedback from the majority of patients was positive about the way staff treated them. We spoke with three patients from the practice's patient participation group. They told us they were treated with compassion, dignity and respect, and felt well looked after.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 41 completed comment cards and the majority of these were positive about the standard of care provided. Words used to describe the service included: good; always flexible and accommodating; splendid service; always caring; spot on; an excellent surgery; friendly respectful staff; helpful service; reception people brilliant; welcoming and happy to help; and caring and professional. However, five patients told us they sometimes experienced difficulties getting through to the practice on the telephone and obtaining an appointment. One patient said they had not received good care and treatment, and communication was poor.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations was either above, or broadly in line with, the local CCG and national averages. However, data from the survey indicated lower levels of patient satisfaction with telephone access to the practice and access to appointments. For example, of the patients who responded to the survey:

- 94% had confidence and trust in the last GP they saw, compared with the local CCG and national averages of 95%.
- 89% said the last GP they saw was good at listening to them. This was just below the local CCG average of 90% but was the same as the national average.
- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 97% said the last nurse they saw was good at listening to them, compared with the local CCG of 94% and the national average of 91%.
- 93% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 64% described their experience of making an appointment as good, compared with the local CCG average of 76% and the national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 83% and the national average of 85%.
- 44% found it easy to get through to the surgery by telephone, compared with the local Clinical commissioning group (CCG) average of 78% and the national average of 73%. (Information included under the responsive domain outlines the steps that the practice is taking to address telephone access and appointment availability issues.)

  (266 surveys were sent out. There were 120 responses which was a response rate of 45%. This equated with 0.9% of the practice population.)

Areas for improvement

Action the service SHOULD take to improve

- Continue to review and improve the practice's telephone access and appointment system.
- Keep a record of any decisions they make in relation to obtaining satisfactory evidence of staff's conduct in previous periods of employment.

Summary of findings

Outstanding practice

The practice showed leadership across the local region. A number of clinical staff held key lead roles both within the local clinical commissioning group and the wider locality, and demonstrated their commitment to improving patient care by supporting new and innovative ways of working. For example, the practice had taken a lead role in producing a 'Young Carers' booklet which is now available in all GP practices in Sunderland. As part of their commitment to improving services and outcomes for patients, the practice had played key roles in piloting new initiatives, for example, trialling changes in electronic laboratory reporting systems. This is outstanding because clinical staff are showing strong leadership in piloting new ways of working which have been adopted by other practices.

Dr Stephenson and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice professional and a practice nurse.

Background to Dr Stephenson and Partners

Dr Stephenson and Partners provides care and treatment to 12,094 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in Washington and Springwell Village. We visited the following location as part of inspection: Victoria Road Health Centre, Concord, Washington, Tyne and Wear, NE37 2PU. The practice serves an area where deprivation is higher than the England average. The practice population includes fewer patients who are under 18 years of age, and more patients aged over 65 years of age, than the local CCG and England averages. The practice had a low proportion of patients who were from ethnic minorities.

The practice is located in a purpose built health centre and provides patients with fully accessible treatment and consultation rooms. The practice had four GP partners (male), three salaried GPs (two female and one male), an advanced nurse practitioner and three nurses (female), a practice manager, an office manager, a prescription clerk, and a large team of administrative and reception staff. The practice is a training/teaching practice for a number of disciplines. When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, and the NHS 111 service.

The practice is open: Monday between 7:20am and 6pm; Tuesday and Friday between 7am and 6pm; and Wednesday and Thursday between 7:30am and 6pm. Extended hours appointments are provided five mornings a week. During this time, patients are able to access both GP and nurse appointments. An on-call GP is available between 8am and 6pm Monday to Friday.

GP appointment times are as follows:

Monday between 7:20am and 11am and 2pm to 5:30pm.

Tuesday between 7am and 11am and 2pm to 5:30pm.

Wednesday between 7:30am and 11and 2pm 5:30pm.

Thursday between 7:30am to 11am and 2pm to 4:50pm.

Friday between 7:00am and 11am and 2pm to 4:50pm.

On a Monday, Tuesday and Wednesday, the advanced nurse practitioner provided similar appointments to the GPs during the same hours as referred to above.

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 provider is meeting the legal

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2016. During our visit:

- We spoke with a number of staff, including three GPs, the practice manager, a practice nurse, the pharmacist attached to the practice, and staff working in the administrative and reception team.
- We observed how patients were being cared for and reviewed a sample of the records kept by staff.
- We reviewed 41 Care Quality Commission (CQC) comment cards in which patients shared their views and experiences of the service.
- We spoke with three patients from the practice's patient participation group.

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.)

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff had identified and reported on nineteen significant events during the previous 12 months. We found that, following each incident, staff had completed a significant event audit report. These provided details of what had happened, what staff had done in response and what had been learnt as a consequence. Copies of significant event reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately, and that learning had been disseminated throughout the staff team via clinical management meetings. Staff told us they actively shared examples of significant events with other colleagues at local learning events. We were shown a video presentation in which one of the GPs gave details of a recent significant event, and what learning had taken place to prevent this from reoccurring. Where relevant, all patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer to a central monitoring system so that the local CCG can identify any trends and areas for improvement).

The practice had a safe system for responding to safe alerts. All safety alerts received by the practice, including those covering medicines, were forwarded by the senior GP partner and the practice manager to relevant staff, so that appropriate action could be taken in response. All staff we spoke with were aware of the system for handling safety alerts and said it worked effectively.

Overview of safety systems and processes

The practice had a range of systems and processes in place which kept patients and staff safe and free from harm. The practice had policies and procedures for safeguarding children and vulnerable adults, which complied with relevant legislation and local requirements. Staff told us they were able to easily access these. Designated members of staff, including a GP, a nurse, and two administrative staff, acted as children and vulnerable adults safeguarding leads, providing advice and guidance to their colleagues.

Staff demonstrated they understood their safeguarding responsibilities and all had received safeguarding training relevant to their role. For example, the GPs and the advanced nurse practitioner had all completed Level 3 child protection training. Children at risk were clearly identified on the practice's clinical IT system to ensure clinical staff took this into account during consultations. Staff told us they were actively seeking confirmation from health and social care professionals they worked with that their register was accurate.

The practice's chaperone arrangements helped to protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone service was advertised on posters displayed in the waiting area and consultation rooms.

There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. With two exceptions, all of the single-use clinical equipment we looked at was within its expiry date. All other safety checks were carried out by NHS Property Services. These included checks of all fire, electrical and gas systems, and ensuring that the practice's fire risk assessment was up-to-date. However, the provider did not have 'live' access to some of the NHS Property Services information they needed, to be able to assure themselves that these checks were being carried out regularly. Confirmation that the required checks had been carried out was made available to us shortly after the inspection. Also, although clinical waste was being properly disposed of, the provider did not have access to any information about the contract which was overseen by NHS England. When we shared these concerns with the provider, they took immediate action to address this with NHS Property Services and NHS England.

Appropriate standards of cleanliness and hygiene were being maintained. The practice had a designated infection control lead, who had completed training to help them carry out this role effectively. There were infection control protocols in place and staff had received relevant training.

Good

Are services safe?

An in-depth infection control audit had been carried out in 2015 to identify whether any further action was needed to reduce the risk of the spread of infection. Although a documented action plan had not yet been developed to address the shortfalls identified, this was being prepared by a member of the nursing team. The building landlord had carried out a legionella risk assessment and undertook regular water temperature checks. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) Although this was not available to us on the day of the inspection, we were later provided with evidence confirming a legionella risk assessment had been carried out.

The arrangements for managing medicines, including emergency drugs and vaccines, kept patients safe. A member of the administrative team acted as the practice's prescribing champion. They worked with the clinical prescribing lead to review the effectiveness of the practice's medicine related systems and processes. The prescribing champion provided training to new GPs, trainee doctors and students, to help make sure they knew how the practice's systems worked. They also attended training events to provide information to other practices considering implementing this role. The positive impact of having a prescribing champion had recently been recognised as an area of good practice by the local clinical commissioning group and was being rolled out to other practices in the City of Sunderland.

There was a rigorous system for monitoring repeat prescriptions and carrying out medicines reviews. Prescription pads were securely stored to reduce the risk of mis-use or theft, and changes had recently been made to improve prescription security.

The practice carried out regular audits, with the support of their in-house pharmacist and the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines. This effective joint working good had resulted in the practice's prescribing budget being significantly underspent in the last full complete year. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records.

Most of the required pre-employment checks had been carried out for staff recently appointed by the practice. We looked at a sample of four staff recruitment files. Checks had been carried out to make sure that clinical staff continued to be registered with their professional regulatory body. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications. They had also carried out a Disclosure and Barring Service (DBS) check on two staff and, for one, they had obtained a copy of their most recent DBS check. This had been carried out within the three month period leading up to their employment at the practice, and their acceptance of this, was in line with the CQC's DBS guidance. The fourth member of staff did not require a DBS check. Identity checks had been carried out as part of each staff member's application for a NHS SMART Card. We were provided with evidence following the inspection confirming that two of the staff whose records we checked had NHS SMART Cards. However, for one member of staff, there were no written references. The provider and practice manager told us they had previously worked with the member of staff concerned and knew of their capabilities. They said they had not obtained written references because of this, and had not recorded the reasons for their decision not to obtain one. We were provided with evidence following the inspection that a reference was subsequently obtained from their most recent employer.

There were suitable arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. Reception and administrative staffing levels reflected known patient demand. Non-clinical staff had been trained to carry out all reception and administrative roles, to help ensure the smooth running of the practice. The practice had a full complement of GPs and nursing staff, and succession arrangements had been made to ensure the continued provision of the service. Although locum GP staff were rarely used, staff told us they did not have a specific GP locum induction pack, and instead used their GP Registrar induction pack. In the feedback session, we advised the provider that they should consider developing their own GP locum pack to improve their arrangements for supporting GP locum staff.

Arrangements to deal with emergencies and major incidents

The practice had made arrangements to deal with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the

Good

Are services safe?

consultation and treatment rooms which alerted staff to any emergency. All staff had completed basic life support training. However, this was only provided every three years to non-clinical staff. Guidance from the National Resuscitation Council (UK) states that non-clinical staff should complete this training annually.

Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates. Staff also had access to a defibrillator (this was centrally located so staff working in another practice could also access it) and oxygen for use in an emergency. However, although adults pads were available for the defibrillator, there were none for children. When we told the provider they immediately sought advice on the use of children's pads. They later confirmed they were following the specialist advice they had received.

The practice had a business continuity plan in place for major incidents, such as power failure or building damage. This was accessible to all staff via the practice's intranet system. A copy of the plan was also kept off site by key individuals. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had access to guidelines from NICE and used this information to deliver care and treatment to meet patients' needs. The practice had systems in place to keep all clinical staff up-to-date with new guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor outcomes for patients. These outcomes were consistently very good. (QOF is intended to improve the quality of general practice and reward good practice).

The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.6% of the total points available to them for providing recommended care and treatment, with a 9.1% exception reporting rate. The reporting rate was 1.7% below the clinical commissioning group (CCG) average and 0.1% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.7% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had asthma. This was 2.9% above the local CCG average and 2.6% above the England average.
- 100% of the total points available to them for providing recommended clinical care to patients diagnosed with a stroke or transient ischaemic attack. This was 2% above the local CCG average and 3.4% above the England average.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. We looked at two of the full clinical audits that had been carried out during the previous 24 months. These were relevant, showed learning points and evidence of changes to practice. The clinical audits were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made. For example, the practice had, on reviewing their prescribing data on the use of Amiodarone (used to treat heart rhythm disorders), decided to look at their current arrangements for monitoring patients who took this medication. This had led to improvements in how the needs of this group of patients were monitored, to ensure that they received the right blood tests at the right time.

Staff had also carried out a range of quality improvement audits, to help ensure patients had good health outcomes and received safe care. Staff had carried out 18 audits during 2015. These covered a range of areas, such as the provision of NHS Healthchecks, compliance with Patient Group Directions, and the effectiveness of the practice's telephone system. In one audit, staff had, on interrogating the local CCG's intelligence system, identified that their dementia prevalence rate was lower than expected for the size of the patient population. As part of the audit, staff had reviewed the needs of a cohort of patients who they considered could potentially have undiagnosed dementia, to make sure they were receiving appropriate care and treatment. A follow up audit showed that 100% of patients who were identified as having dementia had been appropriately 'coded' on the practice's clinical IT system. This had led to a dementia prevalence rate which more accurately reflected the practice's patient population.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. They had received the training they needed to carry out their roles and responsibilities. This included training on safeguarding vulnerable patients, basic life support and infection control. Nursing staff had completed additional post qualification training to help them meet the needs of

Good

Are services effective?

(for example, treatment is effective)

patients with long-term conditions, including for example, training in travel & child immunisations, cervical screening and spirometry (a test that can help diagnose various lung conditions). Staff made use of e-learning training modules and in-house training to ensure they kept up-to-date with their mandatory training. All staff had received an annual appraisal of their performance and, the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions. All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. Evidence supplied during the inspection indicated that the practice had completed the highest proportion of NHS checks within the local CCG. There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. The QOF data showed they had performed well by obtaining 100% of the overall points available to them, for providing cervical screening services. This was 1.3% above the local CCG average and 2.4% above the England average. The uptake of cervical screening was higher, at 94.78%, than the national average of 81.83%. There was evidence that this high rate of performance was due in part to the very effective protocols and processes in place for following up women who failed to attend cervical screening appointments. The practice also had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance. The practice had also performed well by obtaining 100% of the overall points available to them, for providing contraceptive services to women in 2014/15. This was in line with the local CCG and the England averages.

Patients were also supported to stop smoking. The QOF data showed that, of those patients aged over 15 years who smoked, 91.4% had been offered support and treatment during the preceding 24 months. This was 11.3% above the local CCG average and 5.6% above the England average. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The practice offered a full range of immunisations for children. Publicly available information showed they had performed very well in delivering childhood immunisations. For example, all of the immunisation rates were above 90%, and seven of the 17 immunisation rates were 100%. The practice also had good influenza vaccination rates for patients aged over 65 years of age. The practice's performance was above the national average, with an immunisation rate of 77.77% compared to the national rate of 73.24%.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and which promoted patients' dignity.

The practice had signed up to the Dignity Code issued by the Pensioners Convention. (This Code sets out what staff should do in order to respect the dignity of older people.) Staff we spoke with were aware of this Code, and understood what they needed to do to comply with this on a day-to-day basis. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations so that conversations could not be overheard. Reception staff said that a private space would be found if patients needed to discuss a confidential matter. Although the layout of the reception area was not ideal, background music and the seating arrangements helped to reduce the possibility of patients being overheard.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 41 completed cards and the majority were positive about the standard of care received. Words used to describe the service included: good; always flexible and accommodating; splendid service; always caring; spot on; an excellent surgery; friendly respectful staff; helpful service; reception people brilliant; welcoming and happy to help; and caring and professional. We spoke with three patients from the practice's patient participation group who told us they were treated with compassion, dignity and respect and felt well looked after. Data from the practice's Friends and Family Test survey for November 2015 indicated that 90% of patients were extremely likely or likely to recommend the practice to their friends and families. The figure for December 2015 was even higher at 93%.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations was either above, or broadly in line with, the local CCG and national averages. However, patients were less satisfied with the helpfulness of receptionists. For example, of the patients who responded to the survey:

- 94% had confidence and trust in the last GP they saw, compared with the local CCG and national averages of 95%.
- 86% said the last GP they saw was good at giving them enough time, compared with the local CCG average of 88% and the national average of 87%.
- 89% said the last GP they saw was good at listening to them, compared with the local CCG average of 90% and the national average of 89%.
- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 81% found receptionists at the practice helpful, compared with the local CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff gave them enough time to explain why they were visiting the practice, and involved them in decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels regarding involvement in decision-making were either above, or broadly in line with, the local CCG and national averages. Of the patients who responded to the survey:

- 87% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 88% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 83% and the national average of 82%.
- 92% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 93% and the national average of 90%.

Are services caring?

- 90% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 89% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Staff were exceptionally good at helping patients and their carers to cope emotionally with their care and treatment. They understood patients' social needs, and supported them to manage their own health and care, and helped them maintain their independence. Notices in the patient waiting room told patients how to access a range of support groups and organisations.

The practice was highly committed to supporting patients who were also carers. This was evident in the way they supported the practice manager in their role as a representative on the city's Carers' Steering Group and Young Carers' Board. The practice also supported the Sunderland's Carers' Centre. Staff maintained a register of patients who were carers, and offered them an annual healthcare review and influenza vaccination. There were 413 patients on this register, which equated to 3.42% of the practice's population. The register included 13 young people. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them. A recent audit carried out by the Sunderland Carers' Centre, showed the practice had made the highest number of referrals to the centre of all the practice's in the local CCG.

The practice had been proactive in meeting the needs of children and young people who were carers. The practice manager, in collaboration with a group of younger carers, had led on the development a city wide policy in relation to the identification and support of young carers. The practice had also taken a lead role in producing a 'Young Carers' booklet which is now available in all GP practices in Sunderland. The practice had a designated 'Young Carers Champion', who reviewed the needs of all new young carers to identify how they could be best supported. Staff also used a good practice assessment tool, devised by the Children's Society, to identify young patients whose responsibilities as a carer could be affecting their wellbeing so they could receive focussed support. Arrangements had been made which supported staff to refer younger carers to the Sunderland Carers' Centre where this was judged appropriate. Staff identified young people who were carers on their clinical records, and on the record of the person they supported, to make sure clinicians took this into consideration when planning care and treatment. A poster displayed in the waiting area encouraged young carers to contact staff to discuss what support might be available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff had taken on lead roles in service planning and quality improvement within the locality, and were actively contributing to the development of local services for the benefit of all patients in the City of Sunderland. For example, the practice manager was playing a lead role in supporting and engaging other practices to contribute to the implementation of the 'new models of care' being piloted by the Sunderland Vanguard site. (The aim of work being carried out by sites holding Vanguard status is to move specialist care out of hospital, prevent avoidable emergency admissions into hospital and encourage more integrated working between healthcare professionals.)

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these.

  There were very good systems in place to help reduce unplanned emergency admissions into hospital. For example, staff had been provided with clear and thorough guidance about how to manage the needs of the practice's most vulnerable patients. The Advanced Nurse Practitioner (ANP) undertook a daily analysis of all the unplanned admissions and discharges that had taken place during the previous 24 hours. They assessed whether these patients met the criteria for being included on the practice's list of the most vulnerable patients. The ANP also attended the weekly Integrated Care multi-disciplinary meetings, where the needs of the most vulnerable patients were discussed and emergency care plans agreed.

- The provision of an annual review for all patients with long-term conditions, so their needs could be assessed, and appropriate care and advice given about how to manage their health. Nursing staff carried out these reviews in patients' own homes if they were housebound and unable to attend the surgery. The practice had a system which helped ensure that all patients who needed an annual review received one. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice. Where patients were considered vulnerable, the clinical team made further attempts to contact them.

- Good arrangements for meeting the needs of patients with mental health needs. Nationally reported data, from the Quality and Outcomes Framework (QOF), for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access in-house counselling and psychotherapy. (This group had recently won an award for its work in helping to make mental health pathways easier for referrers and patients to understand.)

- Good arrangements for meeting the needs of patients who had dementia. Nationally reported QOF data, for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them to help make sure clinical staff were aware of their specific needs. Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe. All staff had attended Dementia Awareness training to help them understand the needs of these patients and improve the care they received at the practice. The ANP and a member of the reception team acted as dementia care leads, to help raise the profile of dementia patients within the practice team. The ANP told us that, as part of this role, they disseminated any new guidelines relating to dementia, and provided updates to the whole practice team, to help keep clinical staff up to date with new developments in dementia care.

- Good arrangements for meeting the needs of patients with learning disabilities. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the points available to them, for providing recommended care and treatment to patients who had

learning disabilities. This achievement was in line with the local CCG average and 0.2% above the England average. The practice provided patients with learning disabilities with access to an extended annual review to help make sure they received the healthcare support they needed.

- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. For example, there was a disabled toilet which had appropriate aids and adaptations, and disabled parking was available.
- Making good arrangements to meet the needs of children, families and younger patients.

There were systems to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice premises were suitable for children and babies. The practice offered a range of contraceptive services and sexual health advice, and also provided screening for Chlamydia.

Access to the service

The practice is open: Monday between 7:20am and 6pm; Tuesday and Friday between 7am and 6pm; and Wednesday and Thursday between 7:30am and 6pm. Extended hours appointments are provided five mornings a week. During this time, patients are able to access both GP and nurse appointments. A duty doctor was provided each day from 8:30am to 6pm.

GP appointment times were as follows:

Monday between 7:20am and 11am and 2pm to 5:30pm.

Tuesday between 7am and 11am and 2pm to 5:30pm.

Wednesday between 7:30am and 11and 2pm 5:30pm.

Thursday between 7:30am to 11am and 2pm to 4:50pm.

Friday between 7:00am and 11am and 2pm to 4:50pm.

On a Monday, Tuesday and Wednesday, the advanced nurse practitioner provided similar appointments to the GPs during the same hours as referred to above.

All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients could access pre-bookable appointments, up to four weeks in advance. The practice provided a daily, GP led, 'Brief Consultation Clinic' using the Bradford Model. This approach offered patients who had minor ailments the opportunity to attend the practice for shorter appointments.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with the convenience of appointments was better than the national average, and for appointment waiting times, was better than both the local CCG and national averages. However, patient satisfaction with telephone access and appointment availability, was lower than the local CCG and national averages. Of the patients who responded to the survey:

- 93% said the last appointment they got was convenient, compared to the local CCG average of 94% and the national average of 92%.
- 74% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 71% and the national average of 65%.
- 44% said they found it easy to get through to the surgery by telephone, compared to the local CCG average of 78% and the national average of 73%.
- 73% said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 83% and the national average of 85%.
- 64% described their experience of making an appointment as good, compared to the local CCG average of 76% and the national average of 73%.

The majority of patients who provided feedback on CQC comment cards said they were satisfied with access to appointments. However, a small number of patients said it was sometimes difficult to get through to the practice and, when they did, they struggled to get an appointment. The practice was able to demonstrate that they had listened to, and acted on, feedback from patients about telephone access and availability of appointments. For example, during the last three years, staff had carried out annual surveys to obtain patient feedback about these issues. The most recent survey had shown an improvement in patient satisfaction levels. The practice had also met with the provider of the telephone service to look at what

Good

Are services responsive to people's needs?

(for example, to feedback?)

improvements could be made. As a result, some modifications had been made to improve telephone access. Also, further improvements were being considered. Staff told us they monitored demand for appointments and capacity daily, and constantly 'tweaked' the system to meet patients' requests for same-day urgent appointments.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received by the practice and a complaints policy which provided staff with guidance about how to handle complaints. Information about how to complain was available on the practice's website and was also on display in the patient waiting area. The practice had received 16 complaints during the previous 12 months, and 12 of these were substantiated. As a consequence of this, a number of improvements had been made to the practice's systems and processes.

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 leadership, governance and culture at the practice actively encouraged and supported the delivery of high-quality, person-centre care. The practice had a very clear vision to deliver high quality care and promote good outcomes for their patients. There was a detailed and comprehensive development plan which clearly set out the practice's strategy and supporting objectives. The plan contained clear targets and details of planned activity covering a five year period. It also included information about the projected benefits of implementing the plan for patients and staff, as well as details of how progress against the plan would be monitored. The objectives of the plan were challenging and innovative, whilst remaining achievable. One objective included a commitment to building relationships with partners, and helping the practice to adapt, and where possible lead, improvements to patient care. The practice had taken a systematic approach to achieving this objective. For example, the senior GP partner was primary care lead for the local clinical commissioning group (CCG), and many of the other clinicians, as well as the practice manager, held lead roles within the locality, and were using these to improve patient outcomes. The main focus for all of these staff was how to improve outcomes for patients. Another objective of the development plan involved staff taking active steps to improve services for vulnerable patients. To achieve this staff were, for example, carrying out quarterly reviews of the practice's disease registers and the practice had trained staff to act as health champions in order to help raise the profile of vulnerable patients at the practice.

Information about the practice's commitment to providing patients with good quality care and treatment was available on their website. All of the staff we spoke to were aware of the practice's vision, were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

Overall, there were very good governance arrangements in place. However, although we had no concerns regarding the premises or the equipment staff used, the arrangements for making sure the building's landlord had carried out all of the required safety checks, were not sufficiently rigorous.

The practice had policies and procedures to govern staff's activities and there were systems to monitor and improve quality and identify areas of risk. Regular clinical management, nursing and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Very good arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. A programme of clinical audits was carried out and staff were able to demonstrate how these led to improvements in patient outcomes. Staff had also carried out a range of quality improvement audits, to help ensure patients had good health outcomes and received safe care. The practice proactively sought feedback from patients using the Friends and Family Test survey. They also had an active patient participation group which they encouraged to provide feedback on how services were delivered and what could be improved.

Responsibilities for management, administration, accountability and reporting structures within the practice were well defined, and clearly understood by staff. Each member of staff had been given a leadership role and, because of this, it was clearly evident that staff at all levels were committed to helping the practice perform well.

Leadership, openness and transparency

Leaders had a clear shared purpose, and they worked hard to deliver a quality service and inspire and motivate staff. There was a clear leadership and management structure, underpinned by the 'Team of Leaders' approach to management and leadership. (The aim of this approach is to encourage all team members to adopt a leadership role that is valued by the organisation.) Staff told us they us the practice was well led, and they said they all played an important role in how the services were delivered. The GPs, nurses and practice manager had the experience, capacity and capability to run the practice and ensure high quality compassionate care. A culture had been created which encouraged and sustained learning at all levels.

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

Are services well-led?

Good

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

The practice encouraged and valued feedback from patients and staff. It had an active patient participation group (PPG) which met regularly throughout the year. Items on the PPG's agenda included the practice's telephone system, feedback from patient surveys and the electronic prescription system. We spoke with some of the PPG members, who told us they felt their views and opinions were welcomed by the practice. They said speakers attended some of their meetings and these helped to expand their understanding of the context within which the practice operated. Staff had also gathered feedback from patients through their Friends and Family Test survey. The results of these surveys were made available on the practice's website, and displayed in the patient waiting areas. It was very evident that the GP partners and practice manager valued and encouraged feedback from their staff. Arrangements had been made which ensured that all staff received an annual appraisal.

Continuous improvement

There was a very strong focus on continuous learning and improvement at all levels within the practice. The staff team demonstrated their commitment to supporting the development of better services for patients through their involvement in the Sunderland Vanguard project which pilots new ways of supporting vulnerable patients, and patients with long-term conditions. Staff were also actively involved in improving the quality of care, treatment and support, for patients with mental health needs, diabetes and patients who were carers.

The team demonstrated their commitment to continuous learning by: providing GP Registrars (trainee doctors) and, medical, nursing and pharmacy students, with opportunities to learn about general practice; actively encouraging and supporting staff to access relevant training; and carrying out a good range of clinical and quality improvement audits. The practice also carried out medical research in partnership with the Royal College of General Practitioners.