Sunniside Surgery (also known as Sunniside Medical Practice)

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunniside Practice on 10 March 2016. Overall the practice is rated as good. The practice is rated outstanding for caring services and good for providing safe, effective, responsive and well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available
- Patients said they were treated with compassion, dignity and respect. The proportion of patients who described their overall experience of the GP surgery as good or very good in the GP National Survey was 100%, compared to the national average of 85%. Several patients we spoke with commented on the helpfulness of the staff and caring manner of the GPs and said it was the best practice they had ever been registered at.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- The practice had good access arrangements, patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.

Summary of findings

- Staff throughout the practice worked well together as a team.

We saw four areas of outstanding practice:

- The practice had excellent results from the GP National Patient Survey in January 2016. The practice were ranked as one of the top five from this survey by a North East in a newspaper article. They did well in all categories and were ranked 34 out of 7708 practices nationally.
- The practice went the extra mile to ensure that patients received person centered care. They could give us several examples of how they had a low threshold for raising safeguarding concerns for vulnerable children and adults. They also had a strong supportive culture for their patients, for example, when patients failed to attend review appointments, the GP would sent a personal letter setting out the risks to their health and how it was inadvisable to continue in that way. These letters would often be hand delivered.
- The practice shared a frailty nurse with four other practices. The funding was made available from the CCG for this service. There was a scoring and referral system for the nurse to visit patients. This had led to improvements for patients needs for example the nurse had been instrumental in a patient being able to have a wet room installed in their home.
- The practice had a good appointment system. They believed this had led to patients rarely using the local walk in centre service. Their patients had only accounted for 0.3% of all appointments (the highest practice in the area was 25%) in the last quarter of 2015.

The areas where the provider should make improvements are:

- Record the numbers of the pre-printed prescription stock which had been distributed in the practice in accordance with national NHS Protect guidance.
- Take steps to ensure staff complete all training appropriate to their role including information governance training.

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.

We found significant events were recorded, investigated and learned from. All deaths at the practice were reviewed to see if anything more could have been done to support the patient. Arrangements were in place to safeguard adults and children from abuse, the practice could give us several examples of where they had identified vulnerable adults and children and had raised safeguarding alerts.

There were good procedures in place for monitoring and managing risks to patients and staff safety. Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks. There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. We saw that prescription pads were securely stored; however the practice did not record the serial numbers appropriately, in accordance with national guidance, of the pre-printed prescription stock which had been distributed in the practice. There was enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were above or just below average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. These were initiated because of clinical priorities, significant events, complaints or GPs areas of interest. We saw examples of seven full completed audits which had been carried out in the last year.

Staff worked with multidisciplinary teams. There was evidence of appraisals for all staff. We saw staff received training; however, the practice should consider which type of staff training is appropriate to each staff role. Staff had not received information governance training.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

Summary of findings

The practice had excellent results from the GP National Patient Survey. The practice were ranked as one of the top five in the North East, in a newspaper article in January 2016 following the publication of the GP National Survey results in that month. They did well in all categories and were ranked 34 out of 7708 practices nationally.

Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care for example;

- 100% of patients described their overall experience as good compared to the CCG average of 87% and the national average of 85%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 100% said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Feedback from patients about their care and treatment was consistently and strongly positive. Many of the CQC comment cards described how caring individual GPs had been to them during difficult times they had endured with their or their relative's health. We observed a strong patient-centred culture. They could give us several examples of how they had a low threshold for raising safeguarding concerns for vulnerable children and adults.

The held a register of all people who were carers and were being supported. They were offered health checks and written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

They reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Many of the staff had worked there for many years which enabled good continuity of care.

Patients said they could easily make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care

Summary of findings

and treatment was much higher than local and national averages for example; 100% patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.

The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.

Are services well-led?

Good

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

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

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.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above local clinical commissioning group (CCG) average (97.9%) and above the England average (97.9%).

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place.

The practice was responsive to the needs of older people, including offering home visits usually by the same GP. All patients over 75 had a named GP.

One of the GPs was the named GP for patients in the local nursing home and carried out a weekly ward round with the nurse from the home. The practice shared a frailty nurse with four other practices which meant there was more care available for the more complex elderly patients.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

The practice had a register of patients with long term conditions which they monitored to recall patients for regular health checks. Patients with more than one condition were offered a joint appointment where possible. Where patients were working there were evening appointments available for patients for a review. When patients failed to attend review appointments, the GP would send a personal letter setting out the risks to their health and how it was inadvisable to continue in that way. These letters would often be hand delivered

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved below average outcomes in relation to some of the conditions commonly

Summary of findings

associated with this population group. Performance for diabetes related indicators was below the national average (84.9% compared to 89.2% nationally). The practice had recently carried out work on the diabetic recall system.

Families, children and young people

Good

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, the practice could give us several examples of safeguarding concerns raised. Child protection meetings were held every two months. Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100%, compared to the CCG averages of 81% to 97% and for five year olds from 93% to 100%, compared to CCG averages of 90% to 98%.

The practice's uptake for the cervical screening programme was 86.9%, which was above the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies.

Mother and baby clinics were offered by the health visiting team on Wednesday. With child immunisations were carried out by making an appointment with the practice nurse.

The practice offered minor surgery which included intrauterine device (IUD), contraceptive coil fitting.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had excellent patient satisfaction for access. They were proactive in offering online services which included appointment booking and ordering repeat prescriptions. There was a text messaging service as a reminder for appointments and for abnormal results. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

The practice had a number of patients on their list who had been excluded from other surgeries. They held a register of patients living in vulnerable circumstances; often they contacted the patient by phone to advise that a health review was due. For one patient they knew to not withhold the number so they would answer the phone. They had several patients who were deaf and they used a sign interpreter.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. 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's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 45 patients on the carer's register which was 1.4% of the practice population. Five of the carer's were young carers. Written information was available for carers to ensure they understood the various avenues of support available to them. This included a national carers charity.

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 were dementia care plans in place and 26 patients on the register, these patients had an annual review. Data showed 81.8% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs.

Performance for mental health related indicators was better than national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 88.4%.

Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection, which included a member of the practice's patient participation group (PPG).

All of the patients we spoke with were extremely satisfied with the care they received from the practice. Words used to describe the practice included wonderful, brilliant, caring and very good. They told us staff were friendly and helpful and they received a good service. They said that it was easy to obtain an urgent or routine appointment.

We reviewed 44 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, caring, excellent, accommodating, fantastic and efficient. Many of the cards described how caring individual GPs had been to them during difficult times they had endured with their own, or their relative's health. They commented positively about the staff, words used included, amazing and friendly. Patients said they did not have to wait long to obtain an appointment.

The latest GP Patient Survey published in January 2016 showed that scores from patients were well above national and local averages. The percentage of patients who described their overall experience as good was 100%, which was above the local clinical commisioning group (CCG) average of 87% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 100% (local CCG average 79%, national average 79%).
- 96% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 99% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 97% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 94% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 100% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- 99% described their experience of making an appointment as good compared to the local CCG average 75%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 100% (local CCG average 88%, national average 87%).

These results were based on 113 surveys that were returned from a total of 255 sent out; a response rate of 44.3% and 3.5% of the overall practice population.

The practice had carried out a patient survey analysis themselves. They looked at the results of the GP patient survey from January 2016. The practice performed well in most categories and came 34th out of 7708 practices nationally. The one area they thought they could improve was in booking appointments and repeat prescriptions on-line. 69% of patients said they were unaware of these services compared to the CCG average of 50% and 51% nationally. They believed that the reason for this was that they had a high satisfaction rate of patient's overall experience of making an appointment (100%). They went on to promote on-line services in the waiting area with information on a notice board and on the practice website. The practice action plan included promoting this in the next patient newsletter and by word of mouth.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Record the numbers of the pre-printed prescription stock which had been distributed in the practice in accordance with national NHS Protect guidance.
- Take steps to ensure staff complete all training appropriate to their role including information governance training.

Outstanding practice

- The practice had excellent results from the GP National Patient Survey in January 2016. The practice were ranked as one of the top five from this survey by a North East in a newspaper article. They did well in all categories and were ranked 34 out of 7708 practices nationally.
- The practice went the extra mile to ensure that patients received person centered care. They could give us several examples of how they had a low threshold for raising safeguarding concerns for vulnerable children and adults. They also had a strong supportive culture for their patients, for example, when patients failed to attend review appointments, the GP would sent a personal letter setting out the risks to their health and how it was inadvisable to continue in that way. These letters would often be hand delivered.
- The practice shared a frailty nurse with two other practices. The funding was made available from the CCG for this service. There was a scoring and referral system for the nurse to visit patients. This had led to improvements for patients needs for example the nurse had been instrumental in a patient being able to have a wet room installed in their home.
- The practice had a good appointment system. They believed this had led to patients rarely using the local walk in centre service. Their patients had only accounted for 0.3% of all appointments (the highest practice in the area was 25%) in the last quarter of 2015.

Sunniside Surgery (also known as Sunniside Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sunniside Surgery (also known as Sunniside Medical Practice)

Sunniside Surgery provides Primary Medical Services to the village of Sunniside and the surrounding areas. The practice provides services from one location, 8 Dewhurst Terrace, Sunniside, Newcastle upon Tyne, NE16 5LP. We visited this address as part of the inspection.

The surgery is located in two converted houses which have been adapted and made into a surgery. There is access for wheelchairs via a ramp at the rear of the practice. There is no dedicated car parking at the site however, there is parking in the streets surrounding the surgery.

The practice has three GP partners and one salaried GP. Three are female and one male. They all work part-time. The practice teaches 3rd, 4th and 5th year medical students. There are four practice nurses and a health care assistant, all work part-time. There is a practice manager, deputy practice manager. There are seven reception and administration staff.

The practice provides services to approximately 3200 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open from 8am until 6pm Monday to Friday. There are extended opening hours on alternate Tuesday and Thursday evenings from 6.30pm and 8.15pm These appointments are for those patients who find it difficult to attend the surgery during normal opening hours.

Consulting times with the GPs and nurses range from 8 or 8:30am until 11am then from 2:30pm until 5:40pm other than a Friday when the last appointment is 5:20pm. On extended opening days consulting times run from 6:30pm to 8:15pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Information taken from Public Health England placed the area in which the practice was located in the eighth least deprived decile. The average male life expectancy is 79 years and the female is 84. The male life expectancy is higher than the CCG average which is 77 years and the same as the England average. The female life expectancy is above the CCG average of 81 years and the England average of 83 year. The practice has a higher percentage of

patients between the ages of 40+ and 50+ and higher numbers of children aged between five and nine years. The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 59% compared to a national average of 57%).

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 10 March 2016.
- Spoke to staff and patients and a healthcare professional.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice manager was responsible for their collation. They maintained a schedule of these, there had been seven in the last 12 months. Significant events were an agenda item on the practice clinical meeting or were discussed earlier if this was required. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. A significant event monitoring form had recently been devised and put on the shared computer drive to make it easier for staff to report these.

Deaths of patients who were registered with the practice were always reviewed. The practice would check place and circumstances of the death and review if anything further could have been done to support the patient. They then reviewed these further at the practice clinical meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts. They decided who needed to see them. The practice pharmacist reviewed any medicines safety alerts and audits were carried out as necessary.

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. One of the GP partners was the lead for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There was a bi-monthly safeguarding meeting at the practice. Community health care staff, for example, a health visitor and midwife attended the meetings. The GPs gave us several examples of where the practice had identified vulnerable adults and children and had raised safeguarding alerts. One had resulted in extra training for staff at a local care home. Staff demonstrated they understood their responsibilities and had all received both safeguarding adults and children training relevant to their role. All GPs had received level 3 safeguarding children training.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses or reception staff carried out this role. They had received chaperone training. All staff 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. One of the practice nurses and GP partners shared the role of infection control lead. The practice nurse had received specific training for this role. Training in infection control had been carried out by the practice nurse for staff. There were infection control policies, including a needle stick injury policy. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. There was also regular monitoring of the domestic cleaning which was carried out by a contractor. There was a legionella risk assessment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). We saw that prescription pads were securely stored; however the practice did not record the serial numbers appropriately, in accordance with national guidance, of the pre-printed prescription stock which had been distributed in the practice. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist, who they also employed and paid for an extra five hours per week.
- 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 GPs and saw that checks had been undertaken prior to

Good

Are services safe?

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 defence insurance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were good procedures in place for monitoring and managing risks to patients and staff safety. The deputy practice manager showed us records which included a health and safety policy and risk assessment. There were records of portable appliance testing (PAT), calibration of medical equipment and an asbestos risk assessment. Two members of staff had been trained as fire wardens. They then trained the staff about fire safety. There had been regular fire drills, the last one recorded as August 2015 and there was a fire risk assessment and records of checks on the fire extinguishers and emergency lighting.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had only used locum cover once in the last year. There were rotas in place for the GPs, only one could be absent at any one time. Most administration staff were part time and were able to provide cover for each other when needed.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a comprehensive business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. The practice had systems in place to ensure all clinical staff were kept up to date. The staff kept themselves up to date via clinical and educational meetings.

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.

The latest publicly available data from 2014/15 showed the practice had achieved 94.4% of the total number of points available to them, with a clinical exception reporting rate of 8.5%. The QOF score achieved by the practice in 2014/15 was slightly below the England average of 94.8% and the local clinical commissioning group (CCG) average of 95.6%. The clinical exception rate was below the England average of 9.2% and the CCG average of 8.9%.

The data for 2014/15 showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was below the national average (84.9% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally). Although the percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was 81.8%, compared to the national average of 84.0%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were below the national average (91.4% compared to 96% nationally). The percentage of patients diagnosed with COPD who had a review undertaken including an assessment of breathlessness was 74.3%, compared with the national average of 89.9%.

The GPs told us that they had worked hard at QOF this year and were on course to achieve an approximate score of 98% for the year 2015/16. We discussed with them about some of the points being lower that the national averages. They said they felt that it was difficult for them as they were a smaller practice and could not always achieve points available as they did not have patients who met certain criteria for points.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. These were initiated because of clinical priorities, significant events, complaints or GPs areas of interest. We saw examples of seven full completed audits which had been carried out in the last year. There were also four other audits which were awaiting a second cycle of data collection. This included audits regarding anti-depressants, bowel cancer screening, and INR (International Normalised Ratio) monitoring (This is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose).

NICE guidance had recommended a statin to those with a risk greater than 20% of cardio vascular disease, and then they reduced the guidance to those with a risk greater than 10%. The practice had carried out a repeat audit of patients with cardiovascular disease risk of 10% to 20% to identify those who fell into the new criteria. At the first round of audit very few patients had been advised about lifestyle or statins, at the second audit 84% had been given documented advice. The number of people who declined statins went from 7% to 16% at the second audit.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an informal induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. They told us they felt supported in carrying out their duties. The practice nurses were appraised by one of the GP partners and the practice manager.
- All GPs in the practice had received their 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.)
- Staff received training that included: fire procedures, basic life support, health and safety and safeguarding adults and children. Staff had not received information governance or equality and diversity training. However the information governance lead had provided a talk on information governance at a practice meeting in January 2015. Clinicians and practice nurses had completed training relevant to their role.
- The practice is a training practice for trainee doctors. The salaried GP teaches third year medical students and a GP partner is the lead for fourth and fifth year medical students.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice had 96 patients (3% of the practice population) with care plans in place to avoid unplanned admissions to hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that formal multi-disciplinary team meetings took place bi-monthly and that care plans were routinely reviewed and updated. There was a protocol in place to check returned laboratory results as all of the GPs worked part-time.

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 86.9%, which was above the national average of 81.8%. 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 under two year olds ranged from 91% to 100%, compared to the CCG averages of 81% to 97% and for five year olds from 93% to 100%, compared to CCG averages of 90% to 98%.

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

Good

Are services effective?

(for example, treatment is effective)

the healthcare assistant or the GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice were ranked as one of the top five in the North East in a newspaper article in January 2016 following the publication of the GP National Survey results in that month. They performed well in all categories and were ranked 34 out of 7708 practices nationally. The newspaper looked at seven key questions, (Sunniside Practice results are in brackets): The percentage of people who had a good experience making their last appointment (99%); the percentage happy with waiting times at the surgery (78%); the percentage who thought their GP gave them enough time (98.5%); the percentage who thought their GP was listening to them (95.5%); the percentage who 'definitely' had trust and confidence in their GP (100%); the percentage who described their overall experience of the surgery as good (100%); and the percentage who would recommend the surgery to newcomers to the area (100%).

The practice went the extra mile to ensure that patients received person centered care. They could give us several examples of how they had a low threshold for raising safeguarding concerns for vulnerable children and adults. This included strong involvement with social services for several patients. They also ensured that patients received the help they needed from other services such as adaptions to their home to help them wash. They also had a strong supportive culture for their patients, for example, when patients failed to attend review appointments, the GP would send a personal letter setting out the risks to their health and how it was inadvisable to continue in that way. These letters would often be hand delivered. The clinicians met on a daily basis to discuss any concerns and had a 'very hands' on and caring approach to their patients.

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. 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.

We reviewed 44 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive and feedback from patients was continually positive about the way staff treated them. Common words used to describe the practice included, caring, excellent, accommodating, fantastic and efficient. Patients thought that staff went the extra mile and the care they received exceeded their expectations. For example, many of the cards described how caring individual GPs had been to them during difficult times they had endured with their or their relative's health. They also commented positively about the staff; words used included, amazing and friendly.

We spoke with five patients on the day of our inspection, which included a member of the practice's patient participation group (PPG). All of the patients we spoke with were extremely satisfied with the care they received from the practice. Words used to describe the practice included wonderful, brilliant, caring and very good. They told us staff were friendly and helpful and they received a good service.

Results from the National GP Patient Survey in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 100% said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Outstanding ☆

Are services caring?

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 97% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

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

All patients over the age of 75 had a named GP. The practice shared a frailty nurse with four other practices. The funding was made available from the CCG for this service. There was a scoring and referral system for the nurse to visit patients. This had led to improvements for patients needs for example the nurse had been instrumental in a patient being able to have a wet room installed in their home. One of the GPs was the named GP for patients in the local nursing home and carried out a weekly ward round with the nurse from the home.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information on dementia, carers and bereavement and talking therapies.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 45 patients on the carer's register which was 1.4% of the practice population. Five of the carer's were young carers. Written information was available for carers to ensure they understood the various avenues of support available to them. This included a national carers charity.

The practice had a protocol for the care of patients who required palliative care which they regularly reviewed. Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit at least once to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. Many of the staff had worked there for many years which enabled good continuity of care.

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. The practice were participating in an engagement programme with the CCG. They had six indicators to complete. They were currently monitoring their performance in these areas which were;

- incident reporting to increase
- to put childhood asthma plans in place
- reduce smoking in patients with severe mental health
- to increase bowel screening
- to increase the size of the palliative care register
- to identify young carers.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified its highest risk patients and had developed care plans to meet their needs. Where possible the practice completed reviews for patients with more than one long term condition at the same appointment; reducing the need for patients to attend on multiple occasions. An additional practice nurse had been employed to ensure that home visits could be carried out for the house bound with long-term conditions. Longer appointments were available for people who needed them.

The practice had a patient participation group (PPG) with eight members who met a three times a year. One of the members was the chairperson of the group. The group had been active in changing the information system for patients which included the compilation of regular newsletters and information in the waiting area at the practice.

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

- The practice offered extended opening hours on alternate Tuesday and Thursday evenings from 6.30pm to 8.15pm.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Telephone appointments were available.
- There was a text messaging service for abnormal results and for appointment reminders.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Minor surgery was provided which included IUD (Intrauterine copper devices, also known as coil) fitting and removal service and contraceptive implants. This service was provided for all local patients not just those registered at the practice. This service was carried out to suit the patient during normal surgery hours.
- Dietetic, counselling and podiatry services could be accessed via an appointment with a GP.
- There were disabled facilities, hearing loop and translation services available.
- Mother and baby clinics were offered by the health visiting team on Wednesdays. Child immunisations were carried out by making an appointment with the practice nurse.
- The practice held a Saturday morning clinic once a year with four clinical members of staff to provide the flu vaccine to patients.
- The practice produced a quarterly newsletter with topics and information such as; smoking cessation, repeat prescriptions, travel and flu vaccinations.

Access to the service

The practice was open from 8am until 6pm Monday to Friday. There was extended opening hours alternate Tuesday and Thursday evenings from 6.30pm and 8.15pm These appointments were for patients who found it difficult to attend the surgery during normal opening hours.

Consulting times with the GPs and nurses ranged from 8 or 8:30am until 11am then from 2:30pm until 5:40pm other than a Friday when the last appointment was 5:20pm. On extended opening days consulting times ran from 6:30pm to 8:15pm.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with said they did not have difficulty obtaining an urgent or routine appointment and patients who completed CQC comment cards said they could always get an appointment when they needed one.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 100% patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.
- 98% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 75%.
- 99% patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were three routine appointments to see a GP available the next day. There were emergency appointments available every day at the practice. Appointments could be booked up to six weeks in advance.

The practice said patients rarely used the local walk in centre service their patients had only accounted for 0.3% of all appointments (the highest practice in the area was 25%) in the last quarter of 2015. The practice said this was due to their appointment system being good.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw the practice had received three formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings and audited to make sure actions had been taken.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice's mission statement was "to work as a team, providing our patients with a high quality of service at all times". Staff we spoke with talked about patients being their main priority.

The practice did not have a formal business plan however; they knew what areas they planned to develop in. The practice was participating in an engagement programme with the CCG which included clinical indicators they needed to complete to further improve care for patients.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the GP partners were very involved in the day to day running of the practice.
- There were clinical leads for areas such as safeguarding and infection control.
- The GPs had specialist clinical interests such as woman's health.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff.

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

There were clinical meetings held every month; the practice tried to vary the day as most clinical staff worked part-time. There was a multidisciplinary meeting every two months which was part of the clinical meeting. There were practice meetings every two months at lunchtime. Additional meetings were held as training events for staff with invited speakers. There was a monthly closure of the practice where staff training was carried out.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through the GP National Survey and formal and informal complaints received and the practice participation group (PPG). The member of the PPG we spoke with told us that they could not ask for a better practice to be registered with.

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal. All staff were encouraged to identify opportunities for future improvements on how the practice was run.

Continuous improvement

The practice had carried out a patient survey analysis themselves. They looked at the results of the GP patient survey from July 2015. They performed well in most categories and were ranked 34 out of 7708 practices nationally. The one area they thought they could improve was in booking appointments and repeat prescriptions on-line. 69% of patients said they were unaware of these services compared to the CCG average of 50% and 51% nationally. They believed that the reason for this was that they had a high satisfaction rate of patient's overall experience of making an appointment (100%). They have

Are services well-led?

Good

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

promoted on-line services in the waiting area with information on a notice board and on the practice website. The practice action plan for this includes promoting this in the next patient newsletter and by word of mouth.

The practice had recognised that some of their scores in the current published Quality and Outcomes Framework (QOF) could have been higher and had worked hard over the last year to improve this and estimated that they were on course to achieve higher results.

The practice were looking at new ways to work and successfully shared a frailty nurse with four other practices in the area to achieve better care for the elderly patient population. The practice were hoping to adopt the 'year of care' approach to patient with long term conditions (where patients are provided with shared goals and action plans for them to be able to self-manage their condition).

There was a focus on continuous learning and improvement within the practice. The practice had protected learning times once a month both at the practice and at CCG organised events.