

# Sunderland GP Alliance – Disruptive Patient Service

## Quality Report

Primary Care Services Pallion Health Centre  
Hylton Road  
Sunderland  
Tyne and Wear  
SR4 7XF

Date of inspection visit: 20 March 2018  
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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Sunderland GP Alliance – Disruptive Patient Service	5
Detailed findings	7
Action we have told the provider to take	19

## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Sunderland GP Alliance – Disruptive Patient Service on 20 March 2018. This was as part of our ongoing inspection programme.

At this inspection we found:

- The practice provided care and treatment for patients who were allocated to them as part of a special allocations scheme. Patients were allocated for a minimum of one year and they were removed from the practice list and returned to a mainstream practice on the successful completion of a risk review process.
- The practice recognised the needs of the patients who were allocated to the practice and provided services to meet their needs. They provided information to patients to make sure they were aware of how to access care and treatment.
- When required the practice supported the patient when they moved to a new practice. For example, by contacting the new practice before and after the patient was registered to ensure the new practice was aware of their background and how any issues had been successfully managed in the past.
- The practice had clear systems to manage risk; however, some of these required improvement so that safety incidents were less likely to happen. When

# Summary of findings

incidents did happen, the practice had not always responded promptly to the issue raised. The practice had not always recognised risks that could affect the practice.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Patients told us the practice was supportive and provided prompt and effective care.

The areas where the provider **should** make improvements are:

- Look for ways to allow patients to provide feedback to the practice.
- Implement a process to identify and record if patients have caring responsibilities.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients. See the requirement notices at the end of this report for further detail.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Sunderland GP Alliance – Disruptive Patient Service

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Sunderland GP Alliance – Disruptive Patient Service

Sunderland GP Alliance – Disruptive Patient Service is registered with the Care Quality Commission (CQC) to provide primary care services. They provide care and treatment to around 35 patients mainly living in the Sunderland and Washington areas. The practice manages the local Special Allocation Scheme (SAS) patient group and has done this since October 2016. This scheme is for patients who are not able to be registered with a mainstream GP practice as they were identified as being a significant risk to general practice staff and other patients due to their behaviour. The practice is only registered with the CQC to provide care and treatment to patients over the age of 18.

Sunderland GP Alliance is a federation that is owned by practices of Sunderland, and comprises 43 member practices. This practice is part of Sunderland clinical commissioning group (CCG) and operates on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Primary Care Services Pallion Health Centre, Hylton Road, Sunderland, Tyne and Wear, SR4 7XF.

The practice is managed from another location, which we also visited as part of this inspection:

- Pennywell Medical Centre, Portsmouth Road, Sunderland, SR4 9AS.

The practice is located in a purpose built property and provides services to patients on the ground floor. All patient access to the practice is via a dedicated secure entrance, patients are only admitted to the building when they confirm that they are attending for a pre-booked appointment. They offer accessible WCs and step free access. Public parking is available and this includes disabled parking bays.

Patients can book appointments by telephone between 8am and 6pm Monday to Friday.

Pre-bookable appointments with a GP are available at the following times:

- Monday to Friday 12:15pm and 1:30pm

Telephone appointments can be made with GP for patients who cannot attend the practice; these are provided between 12:15pm and 1:30pm. In exceptional circumstances these can be arranged for later in the day.

The service for patients requiring urgent medical attention out of hours is provided by NHS 111. Patients who call NHS 111 are offered an out-of-hours appointment and arrangements are put in place to ensure that the staff who provide care are kept safe.

# Detailed findings

The practice has:

- One GP (male), a lead practice manager, and an administrative assistant.
- A deputy GP (male) works at the practice when the lead GP is not available.

A security guard is sub-contracted by the practice before, during and after booked appointments to support the smooth running of the service and reduce the risks to staff and patients.

The lead GP and the deputy GP are employed at practices that are part of Sunderland GP Alliance.

The practice provides care and treatment to patients who are allocated to the service and who live in the Sunderland and Washington CCG area. When we inspected the practice seven patients who do not live in this area where registered with the practice, the practice was working with the commissioner of the service to remove these patients from their practice list.

Sunderland CCG is in an area of high deprivation, it is ranked the 35th most deprived CCG out of 204.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- The provider had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff at the practice. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff; the practice did not use locum clinical staff. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All employed staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- The practice did not have a process to ensure that staff who assisted the practice from time to time had completed appropriate training. The practice had an informal arrangement to use nursing staff that were based in the health centre but not employed by the practice, as chaperones when required. The practice did not have a formal agreement for this arrangement. There was no risk assessment in place to record why this decision had been made. The practice had not ensured that the nurses who acted as chaperones were trained for the role and had received a 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).
- We reviewed the staff file of one member of staff; this was the only member of staff (a GP) recruited by the provider since it had started to provide this service in October 2016. Recruitment checks were completed

centrally by the provider. However, there was no evidence to show that the provider had checked that this GP was on the performers list or requested references from their current or past employer. The performers list confirms that GPs are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service and the NHS Litigation Authority.

- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however, some of these required review.

- The practice provided services to a very small number of patients. The lead GP provided most of the clinical appointments; the deputy GP provided cover when the lead GP was not available. However, the practice's business continuity plan did not include effective arrangements to ensure care could still be provided to patients if the building was not available to use.
- Due to the nature of the practice, the practice did not use temporary staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and had recently completed training provided by the local clinical commissioning group.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice was able to demonstrate that they had made good progress in reducing antibiotic prescribing and they had an effective strategy to continue to do this.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice did not have effective systems in place to respond and make improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents, however, this was not effective.
- The practice had recorded two significant events since October 2016. We reviewed the records the practice held on how they had recorded and managed these incidents. One of the incidents had occurred in November 2017. We found this had not been recorded on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) until March 2018. In addition, there were no records of this incident being discussed at a practice meeting. A similar incident occurred in March 2018. When we reviewed the practice's records, we found the details recorded about the significant event were not clear. This incident had been discussed at a meeting on 13 March 2018.
- One patient was affected by the incident in November 2017; we were assured by the practice that the GP had discussed the incident with the patient. However, the practice had not provided a written explanation to the patient to ensure they were aware of the changes that had been made by the practice to prevent the incident reoccurring.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice and all of the population groups as good for providing effective services overall.**

### Effective needs assessment, care and treatment

The practice clinicians kept up-to-date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- When we inspected the practice they had 35 registered patients. The practice was not registered with the Care Quality Commission (CQC) to provide care to patients under the age of 18. The practice was required to provide a full range of GP services; however, the small number of patients registered meant that they did not always provide some services as no patients were registered who required these services.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The practice was very aware of the specific needs of the patients and ensured that each patient was treated as an individual in need of care, and not just a patient who had been removed from the patient list at their previous practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice used the electronic prescription service when possible so that patients could collect prescriptions from a named pharmacy. When urgent prescriptions were issued, for example, for antibiotics, the practice had an arrangement with the pharmacy based in the health centre so that these prescriptions could be dispensed quickly. This ensured that patients left the practice area promptly.

#### Older people:

- When we inspected the practice, no patients over the age of 59 were registered.
- The practice was aware of the process that would be required to ensure any patients in this population group would receive the care required to meet their needs. For example, the need to follow up on older patients discharged from hospital.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. As patients often did not respond to invitations to attend reviews the practice took opportunities to opportunistically carry out reviews when patients attended for other appointments.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care while taking steps to ensure that other health care professionals were aware of the need to work within appropriate guidelines to ensure staff safety.
- The lead GP was responsible for providing care for patients with long-term conditions.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services.

#### Families, children and young people:

- The practice was not registered with the CQC to provide care and treatment for people under the age of 18.
- Very few female patients were registered with the practice and they had not managed the care of any pregnant women. The practice was aware of the process that would be required to ensure any patients in this population group would receive the care required to meet their needs. For example, they would be able to provide advice and post-natal support in accordance with best practice guidance.

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

- When we inspected the practice, all of their registered patients were between the age of 18 and 59.
- The practice told us they encouraged the uptake of cervical, breast and bowel cancer screening when eligible patients were registered with the practice.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

# Are services effective?

## (for example, treatment is effective)

- When we inspected the practice, no patients were included on the register of vulnerable patients. They were very aware that the patients they provided care for, while not being vulnerable, often had difficult personal histories that the practice needed to be aware of, and took steps to address, if possible.
- The practice was aware of the processes that would be required to ensure any patients in this population group would receive the care required to meet their needs. For example, the coordination of end of life care.

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

- When we inspected the practice they had five patients on their mental health register, none of these patients were diagnosed with dementia.
- The practice took steps to ensure that patients with established mental health issues, who had been allocated to the practice due to temporary aberrant behaviour caused by a previous failure to provide effective treatment appropriately, were offered increased mental health support.
- Two of the patients diagnosed with schizophrenia, bipolar affective disorder and other psychosis, had a comprehensive, agreed care plan documented in the previous 12 months. Three patients had no documented care plan in place.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice was supported by a local clinical commissioning group (CCG) pharmacist who completed medication reviews and ensured that the practice was prescribing in line with local and national guidance.

Due to the small number of patients registered with the practice there was no published Quality and Outcomes Framework data (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.

On the day of the inspection the practice provided information that showed that for 13 of the 19 clinical QOF domains, the practice had no patients registered (heart

failure, stroke and transient ischemic attack, hypertension, diabetes, epilepsy, cancer, palliative care, asthma, dementia, chronic kidney disease, learning disability, osteoporosis).

The practice recorded patients on the appropriate QOF register to ensure that they were offered reviews and tests in line with QOF guidelines. We saw that:

- For four of the clinical QOF domains only one patient was on the register (chronic heart disease, COPD, peripheral arterial disease, and rheumatoid arthritis).
- The practice had five patients on the mental health register and three patients on the depression register. We saw that the practice provided effective care for these patients and worked to ensure these patients engaged with the practice and external support services.

We saw that for 13 patients the practice had not yet summarised their clinical notes. The practice was in the process of checking these patients' records to confirm when they had been received. The practice told us that they were working to reduce this number as they thought some of these patients had been allocated to the practice before they started to manage this service in October 2016. The practice told us they were working to ensure this issue was addressed.

When we inspected the practice, eight patients had outstanding medication reviews that needed to be completed; four of these patients had four or more medications that required review. The practice were taking action to reduce the number of outstanding medication reviews. Shortly after the inspection, they told us that they now only had seven outstanding reviews and only two of these patients had four or more medications that required review.

Patients were allocated to the practice list and would be removed from the practice list, if appropriate, after one year. The provider told us that patients could be allocated to the practice with outstanding actions, such as medication reviews. Staff said that due to the nature of the service some patients were not engaged with the health service, however, part of their role was to engage patients so that they could improve their behaviour and be allocated back to a mainstream practice.

The practice had 15 registered patients when they started to provide this service in October 2016. Since then 34 new patients had been allocated to the practice and 20 (41%)

# Are services effective?

## (for example, treatment is effective)

patients had been removed from their list following the review process that was required after the patient had been registered at the practice for one year. Five (10%) patients had been re-registered with the practice following a return to a mainstream practice.

### Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles. The practice told us that most patients requiring cervical screening would be referred to a local family clinic. Staff told us they had an informal arrangement for a nurse to take cervical screening samples for the other patients. However, the practice had not completed a risk assessment of this arrangement to record why this decision had been made. Also, the practice did not have a process in place that provided assurance the nurse was competent to take cervical screening samples, and had appropriate professional registration and medical indemnity arrangements in place.

- The lead GP told us they when they completed training, appraisal or revalidation they ensured that this information was sent to the practice. The lead GP ensured that their revalidation included work that related to their role at the disruptive patient service, for example, they completed training on drug seeking behaviours.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, staff had completed conflict resolution training that enabled them to deal with challenging behaviour from patients.
- The practice provided staff with ongoing support. This included an appraisals and support for revalidation.
- The practice told us they had a process for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The practice ensured that other health and social care professionals were aware of the potential risks faced when providing care and treatment to their patients. They

ensured that when they referred patients, for example, to secondary care, that the referral letter reminded the provider to care for this patient in line with their lone worker policy to ensure staff safety.

- The practice told us that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- When we inspected the practice, they were not providing care to any patients requiring end-of-life care.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. Due to the nature of the patients the practice was allocated this often related to supporting patients with mental health issues. The practice told us how they referred to a wide range of supportive services and, if required, could arrange for care and support delivered by third party services to be provided at the practice.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice told us that many of their patients found it difficult to work with health care providers. Staff worked with patients to enable them to develop the skills and tools to manage their own care and access the support they required.
- Staff discussed changes to care or treatment with patients as necessary.
- The practice told us they supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. However, no patient information was available in the waiting area to support this.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

## Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- All of the staff we spoke to were caring and compassionate when they talked about the patients who were registered with the practice. While they acknowledged that they sometimes faced challenging behaviour from their patients, the staff were clearly focused on providing a caring service.. Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice sent Care Quality Commission (CQC) comments cards to all of their registered patients. All of the four patient CQC comment cards we received were positive about the service experienced.

The practice was not part of the annual National GP Patient Survey. The practice had not completed any patient survey to enable them to gather feedback from patients relating to whether they felt they were treated with compassion, dignity and respect.

We spoke to two patients following the inspection, they told us they were well treated by the staff at the practice.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpreting services were available for patients who did not have English as a first language. We saw a notice in the reception area informing patients this service was available.

- Staff communicated with patients in a way that they could understand, for example, the practice told us that they could send letters to patients in large print if this was required.
- Staff told us they helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had not identified any patients that were carers. When patients were registered with the practice this information would be available if the patient had previously been identified as a carer. There was no process in place to ask patients directly if they were carers or to ask patients to let the practice know if they were a carer.

The practice had not completed any patient survey to enable them to gather feedback from patients on about their involvement in planning and making decisions about their care and treatment. We spoke to two patients following the inspection, they told us that the doctor took time to explain care and treatment and that they felt involved in their care.

Staff told us that if families had experienced bereavement they were sent a sympathy card from Sunderland GP Alliance; the card included useful information for patients.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Due to the nature of the service the reception area was staffed by a security guard instead of a receptionist. Each patient was made aware of the need to have a security guard at the practice and that it may sometimes be necessary for a security guard to be present during consultations. The security company was required to sign a confidentiality agreement and each security guard who worked at the practice was required to also sign a confidentiality agreement.
- After the inspection we spoke to two patients who attended the practice, they told us that they were happy with the security arrangements in place when they had an appointment at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- When each patient attended the practice for the first time the GP spent time explaining the service, how to book an appointment and request a repeat prescription. The GP also explained that they did not prescribe some highly addictive medicines unless they had already been prescribed. They worked with patients who had been prescribed these highly addictive medicines to reduce or stop their use. A written copy of this information was given to each patient at the end of their first appointment.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone appointments were available.
- The practice had arrangements to ensure that if required care and treatment for patients with multiple long-term conditions, and patients approaching the end of life, would be coordinated with other services.
- Standard appointments were for 15 minutes; this additional time ensured that patients had time to build a relationship with the GP.
- The practice took care to ensure female patients were not offered an appointment on the same day that male patients with a history of violence to women were due to attend.
- The practice ensured that there is a gap of 15 minutes between appointments to avoid potential conflict in the waiting area.

#### Older people:

- When we inspected the practice, no patients over the age of 59 were registered.
- All patients had a named GP who supported them.
- The practice was not able to provide home visits, however, they ensured all patients were offered urgent appointments, they told us most patients were offered an appointment within 24 hours.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions would be reviewed at one appointment. The practice told us that most patients did not respond when they were invited for review appointments. By completing reviews and assessment opportunistically they ensured that patients who were not responding to invitations had care and treatment, in line with guidance as soon as possible.

#### Families, children and young people:

- The practice did not provide care or treatment to patients under the age of 18. They were aware of which of their patients had children. They had systems in place to ensure that if they became aware of any concerns relating to the care of these children that they were acted upon promptly. For example, by contacting the local safeguarding team.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- They had arrangements to record if patients were living in vulnerable circumstances. For example, homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice and the lead GP were very aware of the mental health needs of their patients. They worked to ensure that they were referred to appropriate mental health support services. The practice told us that if required, these support services could use the facilities at the practice for their appointments.

### Timely access to care and treatment



# Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice was required to provide appointments within 48 hours of a request for an appointment. A dedicated telephone number for patients to book appointments was available between 8am and 6pm Monday to Friday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

The practice was not part of the annual National GP Patient Survey. The practice had not completed any patient survey to enable them to gather feedback about patients' satisfaction with how they could access care and treatment.

We spoke to two patients following the inspection; they told us that they did not have to wait for appointments.

## **Listening and learning from concerns and complaints**

- The complaint policy and procedures were in line with recognised guidance.
- Information was available to support patients who wanted to make a complaint.
- The practice had not received any complaints since October 2016 when they began providing this service.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

The provider was part of a federation of GP practices, this provided a wider leadership structure that supported the management of the service.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- The provider had a clear vision and set of values that was devolved to the practice, they also had a clear vision and set of values that related to the specific needs of this atypical practice. Staff we spoke with supported these vision and values. The practice had a realistic strategy and supporting business plans to achieve priorities. The provider's vision and values were candour, respect, innovation, safety and being pro-active.
- The practice developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Their wider strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy. As part of their contract, the practice had to deliver on key indicators each year.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. No complaints had been received since October 2016 when the provider started to provide this service. Low numbers of significant events had been recorded and the management of significant events required some improvement to ensure learning from any issues identified. Staff were open and honest when they discussed the issues that were identified.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- None of the staff employed by the practice was a full-time employee of the practice. The practice manager and the administrative assistant worked for the practice as part of their contract of employment with Sunderland GP Alliance. The lead GP worked only when required by the service, they were a GP at a practice that was a member of Sunderland GP Alliance. The practice manager and the administrator had been appraised as part of their wider roles in the last year. The lead GP had been revalidated and ensured this revalidation covered their role at this practice.
- Staff were supported to meet the requirements of professional revalidation where necessary. The lead GP told us they when they completed training, appraisal or revalidation they ensured that this information was sent to the practice. The lead GP ensured that their revalidation included work that related to their role at the disruptive patient service, for example, they completed training on drug seeking behaviours.
- There was a strong emphasis on the safety and well-being of all staff. The practice took steps to ensure that staff were aware of the behaviour they may have to deal with and ensured they had completed conflict resolution training to support this.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.



# Are services well-led?

Good 

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

- There were very positive relationships between staff and teams. The staff we spoke to felt part of a team and told us all of the staff worked well together.

## Governance arrangements

The provider was able to demonstrate that there were clear responsibilities, roles and systems of accountability to support good governance and management. However, some aspects of the practice's governance arrangements were not sufficiently rigorous.

- The provider had structures, processes and systems to support good governance and management, and these were clearly set out and understood. However, the local governance arrangements required review to ensure effectiveness and learning. For example, we saw that there was no local meeting structure that enabled staff to discuss and learn from issues such as significant events, complaints or safety alerts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety, however, some of these required review to ensure risks to the service were managed effectively. For example, the governance arrangements had not identified that the processes in place to manage significant events were not fully effective.

## Managing risks, issues and performance

There was a lack of clarity around some processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks, including risks to patient safety, required review. For example, the ad-hoc processes in place to manage chaperone arrangements and cervical screening had not been effectively identified or managed, to help reduce risks to staff and patients.
- Practice leaders had oversight of national and local safety alerts. However, the arrangements for managing significant events were not effective.
- Quality improvement work had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

- The practice had plans in place, and had trained staff for major incidents. However, these plans required review to ensure the practice could continue safely if the building was not available.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The provider told us that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support high-quality sustainable services. However, the practice had not taken any steps to involve patients. While opportunities were limited due to the nature of the service, the small number of registered patients would have enabled the practice to easily survey patients on their views of the service.

- The service was transparent, collaborative and open with stakeholders about performance. For example, the practice met with NHS England each quarter as part of their contact to provide this service.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

# Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, as part of their preparation for the CQC inspection the practice had identified that they needed to develop the role of nurses at the practice.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The systems or processes in place were not operating effectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• Significant events were not recorded promptly, local arrangement to review and learn from these events were not in place. Records of significant events were not always clear.</li><li>• The arrangement for chaperones at the practice was not effective. The practice did not have a system in place to ensure that all those who acted as chaperones were suitable for the role.</li><li>• The practice did not have a system in place ensure that all staff had received appropriate training and were suitable for the role required.</li><li>• The practice did not have an effective system in place to ensure that when staff were recruited appropriate checks were carried out.</li></ul> <p><b>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>