Hylton Medical Group

Quality Report

Pallion Health Centre, Hylton Road, Sunderland,
Tyne and Wear, SR4 7XF
Tel: 01915658598
Website: www.Hyltonmedicalgroup.nhs.uk

Date of inspection visit: 2 February 2017
Date of publication: 20/04/2017

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	Inadequate
Are services safe?	Good
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of this practice on 21 April 2015. The practice was judged to be inadequate and placed in special measures. After this inspection the practice wrote to us to say what action they would take to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.
- Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

On 4 February 2016 we carried out an announced comprehensive inspection at Hylton Medical Group and found that improvements had been made since the previous inspection of April 2015. In recognition of the improvements made the practice was rated overall as requires improvement, having being judged as requires improvement for Effective and Well Led services. The full comprehensive reports for both inspections can be found by selecting the 'all reports' link for Hylton Medical Group on our website at www.cqc.org.uk.

This announced comprehensive inspection was carried out on the 2 February 2017 in order to see that action had been taken by the practice to make improvements from the inspection in February 2016. Overall the practice has been rated as inadequate from this inspection as it has failed to address a number of issues identified in the previous inspection and further issues were identified.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and managed.
- Outcomes for patients who use services were improving, for example for the 2016/17 QOF year so far the practice was currently achieving 96.1% of the overall points available to them.
- There was no programme of clinical audit to improve patient outcomes. The lead GP said clearly they were not interested in being involved in clinical audit they preferred to see patients.

Summary of findings

- We were not assured that there was discussion and leadership around best practice and clinical guidelines at practice level.
- We confirmed that staff had received training appropriate to their role. However, the practice nurses had not received any information governance training. There was no record of the lead GP carrying out information governance training.
- Staff were 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 who completed comment cards said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were mixed views from patients regarding obtaining an appointment from the comment cards completed. The practice told us they had recently improved the appointment system.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- We were not assured that the lead GP and registered manager were providing clinical leadership and had a comprehensive understanding of the practice.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

We identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. They are Regulation 17 Good Governance and Regulation 18 Staffing. The Care Quality Commission is unable to take enforcement action against the provider regarding these breaches as they are incorrectly registered with the Care Quality Commission. They are currently registered as a partnership but, as the previous partner left some time ago, the current provider is working as a sole provider. We have written to the provider separately about this. We have made NHS England and the Clinical Commissioning Group aware of this position.

The provider must;

- Have the knowledge and capacity to lead effectively.
- Ensure there is discussion and leadership around best practice and clinical guidelines at practice level.
- Ensure there is a programme of clinical improvement initiatives.
- Ensure there is clinical input into the practice nurses appraisals.
- Ensure all staff receive training appropriate to their role.

The areas where the provider should make improvements are:

- Make all staff aware of the safeguarding lead.
- Take steps to be more proactive in identifying carers and to offer support to them.

On the basis of the ratings given to this practice at this inspection and the concerns identified at previous inspections on 21 April 2015 and 4 February 2016, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel their registration with CQC.

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.

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

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. However, staff were unclear who the safeguarding lead was in the practice.

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

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

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

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. The practice had not fully taken action to address the areas which required improvement during our previous inspection in February 2016 and further issues were identified.

There was no programme of clinical improvement initiatives to improve patient outcomes. We were not assured that there was discussion and leadership around best practice and clinical guidelines at practice level.

We saw that staff had received appraisals however; there was no clinical input into the practice nurses appraisals.

We confirmed that staff had received training appropriate to their role. However, the practice nurses had not received any information governance training. There was no record of the lead GP carrying out information governance.

Previous data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local clinical commissioning group (CCG) and national averages. However for the 2016/17 QOF year so far the practice was currently achieving 96.1% of the overall points available to them.

Summary of findings

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients who completed comment cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data was lower or comparable for some of the GP scores in the National GP Patient Survey, than local and national averages, for example, 85% said the last GP they saw or spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded to issues raised.

There were mixed views from patients on the comment cards completed regarding obtaining an appointment. The practice told us that more appointments had been made available recently due to the closure of the branch surgery. The practice had also introduced a new telephone system to improve access for patients.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services. The practice had not fully taken action to address the areas which were identified as requiring improvement from our previous inspection in February 2016. We also identified additional areas that required improvement.

The provider did not have a comprehensive understanding of the practice. We were not assured that there was clinical guidance provided to the practice. There was no discussion around best practice and clinical guidelines and the practice nurses did not have

Summary of findings

clinical input into their appraisals. CQC registration issues had not been addressed for over three years. There were still gaps in staff training. There was no business or future plan for the practice or succession planning.

However, there had been improvements made in some of the governance arrangements. For example the practice were able to provide us with data which showed QOF results were improving and A and E attendances were reducing.

The practice had a number of policies and procedures in place in order to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients, which it acted on. The practice had an active patient participation group (PPG).

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

Inadequate

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

The practice was responsive to the needs of older people, including offering home visits and longer appointments. Patients over the age of 75 had a named GP. They were included in the practice's avoiding unplanned admissions to hospital register and had personalised care plans in place. Care plans were reviewed at the practice's multi-disciplinary (MDT) meetings. The practice liaised with older persons services to help patients such as social services. Prescriptions could be sent to any local pharmacy electronically.

The practice had a linked residential care home where most of the patients were registered at the practice. The lead GP visited the home at least monthly and care plans were in place for the patients. The home manager had access to a private number to the practice in case of need.

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, which included housebound patients.

People with long term conditions

Inadequate

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

The practice maintained registers of patients with long term conditions. The patients were invited into the practice for structured examinations at least yearly. The practice had overhauled and worked hard on its recall systems for patients. The practice nurses had gone through the lists of patients who required review. Where necessary letters had been hand delivered and the lead GP had visited some patients. Diabetes was an area of special interest for the practice and some diabetic patients whose test results were outside the normal range were cared for by the practice in close consultation with the diabetes consultant at the local hospital.

Nationally reported QOF data showed the practice were on course to achieve good outcomes in relation to the conditions commonly

Summary of findings

associated with this population group. For example, in 2015/16 the practice had obtained 66.3% of the points available to them for providing recommended care and treatment for patients with asthma. They were currently on course to achieve 96.1% for 2016/17.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. There are aspects of the practice that are inadequate which therefore impact on all population groups. There were, however, examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. 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 achieved the 90% target in 4 out of 4 sub-indicators. Child immunisation clinics were held on a weekly basis. There were also six week mother and baby checks. Appointments were available outside of school hours and the premises were suitable for children and babies. There was a baby change and separate breast feeding room on the same floor as the practice.

The practice took part in a catch up immunisation programme for students aged 17 for measles, mumps and rubella (MMR) and meningococcal group C (Men C) vaccines. Patients between 15 and 24 years were encouraged to have chlamydia testing as appropriate. Testing kits were available and promoted in the practice. The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 80.5%, which was comparable with the national average of 81.4%.

We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

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

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 was proactive in offering online services which included appointment booking, test results

Summary of findings

and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. There were extended opening hours on a Monday evening and Monday and Wednesday mornings.

People whose circumstances may make them vulnerable

Inadequate

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They carried out annual health checks for people with a learning disability.

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. However, some of the staff we spoke with during the inspection were not aware as to whom had the safeguarding lead responsibility.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate or the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that are inadequate which therefore impact on all population groups. There were, however, examples of good practice.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. QOF data was on course for 2016/17 to be higher than the previous year (2015/16) when it was 55.4% for mental health indicators, the practice were currently at 98.5%.The practice also worked together with their carers to assess their needs. Patients were advised how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We spoke with one patient on the day of our inspection, who was a member of the of the practice's patient participation group (PPG). They gave us positive feedback about the practice and the PPG.

We reviewed 46 CQC comment cards completed by patients prior to the inspection. Almost all were positive. Common words used to describe the practice included, efficient, caring and friendly. Some patients said it was easy to obtain an appointment. Five patients raised concerns, two said they would like a female GP at the surgery and three raised issues with obtaining an appointment.

The latest National GP Patient Survey of the practice, published in July 2016, showed that scores from patients were either in line with, or below, national and local averages. The percentage of patients who described their overall experience as good was 86.1%, which was above the local clinical commissioning group (CCG) average of 85.8% and the national average of 84.8%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 77% (local CCG average 77%, national average 78%).
- 84% said the GP was good at listening to them compared to the local CCG average of 89% and national average of 89%.
- 83% said the GP gave them enough time compared to the local CCG average of 87% and national average of 87%.
- 88% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 93% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 77% said they found it easy to get through to this surgery by phone compared to the local CCG average 79%, national average 73%.
- 63% described their experience of making an appointment as good compared to the local CCG average 75%, national average 73%.
- 86% said they find the receptionists at this surgery helpful compared to the local CCG average 90%, national average 87%.

These results were based on 128 surveys that were returned from a total of 352 sent out; a response rate of 36.4% which represents 2% of the overall practice population.

The practice had recently carried out its own survey with responses collated in December 2016. They received 39 responses, eight responses were incomplete.

Some of the results were as follows;

- 97% of the patients said their overall satisfaction with the practice was good, very good or excellent.
- 97% said that length of time they had to wait for an appointment was good, very good or excellent.

The practice felt that the responses were more positive than those received from the GP National Survey.

Areas for improvement

Action the service MUST take to improve

- Have the knowledge and capacity to lead effectively.
- Ensure there is discussion and leadership around best practice and clinical guidelines at practice level.
- Ensure there is a programme of clinical audit.
- Ensure there is clinical input into the practice nurses appraisals.
- Ensure all staff receive training appropriate to their role.

Summary of findings

Action the service SHOULD take to improve

- Make all staff aware of the safeguarding lead.
- Take steps to be more proactive in identifying carers and to offer support to them.

Hylton Medical Group

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 Hylton Medical Group

Hylton Medical Group covers the City of Sunderland area. The practice provides services from Hylton Medical Group, Pallion Health Centre, Hylton Road, Sunderland, SR4 7XF. We visited this location as part of this inspection.

Pallion Healthcare Centre is purpose built and accommodates two other GP practices, an urgent healthcare service and other healthcare professionals such as community nursing staff and health visitors. The premises are fully accessible to patients with mobility needs.

The practice has one male GP who is a sole trader and works 10 sessions. There have been two long term locum GPs working at the practice, since November 2016, both are male, one works 10 sessions and the other seven sessions per week. There were arrangements with a neighbouring practice for patients to see a female GP if required. There are two full time practice nurses, a pharmacist and healthcare assistant, both who work part time. There is an acting practice manager and six administrative staff.

The practice provides services to approximately 5,700 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England.

The practice is open, Monday 7:30am to 7:30pm, Wednesday 7:30am to 6pm and Tuesday, Thursday and Friday 8am until 6pm.Consulting times with GPs and practice nurses ranged from Monday and Wednesday 7:30am, Tuesday, Thursday and Friday 8:30am until 11:30am. Afternoon surgery commences at 2:30pm and runs to 6pm every evening except a Monday when consultation run to 7:30pm.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Hylton Medical Group on 4 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective and well-led services. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Hylton Medical Group on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection on 2 February 2017 to check that action had been taken to make improvements.

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?

Detailed findings

- 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 2 February 2017.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

The acting practice manager explained they were responsible for the management of significant events. Staff had access to the forms to complete in relation to this on the shared computer drive and there were packs with this information in each room. Staff told us the events were discussed at clinical and administration meetings and they received feedback and learning from incidents. They told us they had in the last year had further training from the acting practice manager on significant events, what they were for example and how to raise them. We saw there had been 15 significant events raised in the last year. We reviewed safety records, incident reports and minutes of meetings, and saw these were a standing agenda item 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 acting practice manager was responsible for the alerts and there were three other members of staff who had access to these if the acting practice manager was absent. A file was kept of them, they were printed off and given to relevant staff and actions completed marked in the file. The meetings process was used to discuss these, dependant upon their relevance.

Overview of safety systems and processes

The practice could demonstrate a 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. There were practice specific safeguarding policies which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP had the lead role for safeguarding children and vulnerable adults. We saw minutes of clinical meetings where safeguarding matters were discussed. The health visitor and midwife attended where possible. Staff demonstrated they understood their responsibilities and had all received training relevant to their role, The safeguarding lead had received level 3 safeguarding children training.
- There was a notice displayed in the waiting area and on all treatment room doors advising patients that they could request a chaperone, if required. The practice nurses or health care assistant carried out this role. Some administration staff were trained for this role but they rarely required to do so. All staff involved in chaperoning had received the appropriate training and 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 was the infection control lead. There were infection control policies, including a needle stick injury policy. Infection control audits were carried out, where actions needed to be completed they were carried out. A legionella risk assessment had been carried out and regular checks of the water were carried out. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.) There were arrangements in place to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation.These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice pharmacist carried out medicine reviews, managed medicine changes and ensured optimal prescribing for the practice.
- At our previous inspection in February 2016 we saw that the practice recruitment policy was not comprehensive and the practice were not following this, for example, it did not set out what evidence of identity was necessary for new employees or what the requirements were regarding DBS checks.

Good

Are services safe?

- At this inspection we saw that the recruitment policy now contained details of checks which were necessary for new employees. We looked at the recruitment records of the two locum GPs who were currently employed at the practice and saw that all relevant documents had been checked, for example, DBS check, General Medical Council (GMC) registration medical indemnity insurance and training certificates. No other new staff had been recruited since our last inspection.
- We saw that there were checks made on the relevant professional bodies staff were required to register with, such as the nursing and midwifery council (NMC) for nurses and General Medical Council (GMC) for doctors. There was medical indemnity insurance cover in place for the lead GP, nurses and acting practice manager and we saw records of this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice had employed the services of a health and safety consultant. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. At our previous inspection in February 2016 there had been no recent fire drills. At this inspection we saw that the practice had problems arranging for this to happen with the landlord. The acting practice manager had arranged their own fire drill with the staff which had been carried out in April and October 2016. They had also arranged for themselves and other members of staff to have fire warden training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was trying to recruit a salaried GP. They had advertised this post widely but had received no applicants. The practice manager had been acting up in the role of practice manager for almost two years.

Arrangements to deal with emergencies and major incidents

We saw evidence that staff had received basic life support training. 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 business continuity plan in place for major incidents. This had been tested recently when there had been a risk of flooding to the building. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for this domain. Appraisals for staff were overdue and there was no system in place to ensure that staff received training appropriate for their role. Data showed that patient outcomes were below average when compared to locality and national averages. There were some clinical audits however, there was no system in place or structured approach to this.

We saw at our inspection on 2 February 2017 that some improvements had been made, some staff had received further staff training. The practice had improved their Quality and Outcomes Framework (QOF) scores. However, the nurses had not received information governance training and there was no clinical input into their appraisals. There was no programme of clinical audit to improve patient outcomes.

Effective needs assessment

We discussed how 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 lead GP was not clear about this but told us that the individual clinicians received guidance online. There was no evidence that this was discussed and/or shared at practice level. The lead GP said that this was discussed at locality level in their regular training sessions. We checked four sets of clinical meeting minutes which were supplied to us and there was no reference to any discussion.

Management, monitoring and improving outcomes for people

The practice participated in the 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 told us that the acting practice manager and the nurses managed this.

Nationally reported data taken from the QOF for 2015/16 showed the practice had achieved 86.6% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the national average of 95.3% and the clinical commissioning group (CCG) average of 95.8%. This was an improvement on the previous year when the practice achieved 85.9%.

The practice had an 11.3% clinical exception reporting rate which was higher than the national average of 9.8%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) However this had improved from the previous QOF year when the clinical exception reporting rate was 17.3%.

We discussed QOF with the practice manager who told us that the practice had improved on the previous year's figures even though the year end for the figures for 2016/17 were not yet published or the year end complete. The practice had overhauled and worked hard on its recall systems for patients. The practice nurses had gone through the lists of patients who required review. Where necessary letters had been hand delivered and the lead GP had visited some patients. Diabetes was an area of special interest for the practice and some diabetic patients who were outside the normal range for relevant test results were cared for by the practice in close consultation with the diabetes consultant at the local hospital.

For the 2016/17 QOF year so far the practice were currently achieving 96.1% of the overall points available to them. Areas of concern for the previous QOF year were;

- Mental health indicators which had been at 55.4% (2015/16) and were currently at 98.5% (2016/17)
- Asthma indicators which had been 66.3% and were currently 96.1%
- Chronic obstructive pulmonary disease (COPD) indicators which had been 65.2% and were currently 75%
- Dementia indicators which had been 88% and were currently 100%.

At our previous inspection in February 2016 the practice had data to show us they had reduced the attendances of their patients at the local hospital Accident and Emergency (A and E) department as they had previously been an outlier in this area. This was still continuing. The practice provided data from the NHS North of England

Inadequate

Are services effective?

(for example, treatment is effective)

Commissioning Support Unit which showed that from 2013/14 to 2014/15 attendance had reduced by 6.44% (4003 to 3745) then from 2014/15 to 2015/16 by a further 4.72% (3745 to 3558).

The practice provided us with information from a medicines optimisation pilot which the local CCG had ran for the year 2016/17. Three months data to October 2016 showed the practice had performed well and had achieved their targets and had for example met the target for the prescribing of metformin, a medicine used to treat diabetic patients. The data also showed they were performing well for antibiotics prescribed; they were below the average for the locality.

At our previous inspection in February 2016 we saw evidence of two completed clinical audits. However, there was no structure to the audit programme and the practice told us there was a plan to have a more systematic approach to this. At this inspection the practice provided us with one audit regarding osteoporosis which had been completed by an external clinical services organisation and not by the practice. This was dated February 2016. The lead GP said clearly they were not interested in being involved in clinical audit they preferred to see patients. The practice could not demonstrate they had an effective system in place for clinical audit, to improve outcomes for patients.

Effective staffing

At our previous inspection in February 2016 we saw that appraisals for staff had not been carried out regularly. There was no system in place to ensure that staff received the correct training appropriate to their role and refresher training. In particular only one member of staff had received information governance training.

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as fire safety, health and safety and responsibilities of their job role. They received regular performance reviews during their first year of employment. There was also a GP locum induction pack at the practice.
- We saw that all staff had received an appraisal in the last year. The GP at 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.)
- Since our previous inspection the practice had purchased an online training programme and staff had received training from this. We confirmed that staff had received training appropriate to their role such as health and safety, safeguarding adults and children, basic life support and infection control. However, the practice nurses had not received any information governance training. The practice manager said she had asked them to complete this but it had not been done. There was no record of the lead GP receiving information governance training.

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.

The practice maintained registers of patients with long term conditions. The patients were invited into the practice for structured examinations at least yearly. Three invitations would be sent, however, the practice would often telephone patients to explain how important it was for patients to attend these appointments. Annual health checks were also in place for patients with mental health conditions, a learning disability and for carers.

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. There were practice multi-disciplinary team (MDT) meetings.

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

Inadequate

Are services effective?

(for example, treatment is effective)

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.

Supporting patients to live healthier lives

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 80.5%, which was below the national average of 81.43%. 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 achieved the 90% target in 4 out of 4 sub-indicators. Child immunisation clinics were held on a weekly basis. There were also six week mother and baby checks.

The practice had previously held self-help session for patients which included education sessions regarding elderly person's services and the local carers association. The practice was hoping to re-introduce these in the coming months. They had also referred patients to self-help groups such as the armed forces network.

New patients registering with the practice were offered a new patient health check with the health care assistant who could then refer patients to the practice nurse or GP where appropriate.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. 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 46 CQC comment cards completed by patients prior to the inspection. Almost all were positive. Common words used to describe the practice included, efficient, caring and friendly.

We spoke with one patient on the day of our inspection, who was a member of the of the practice's patient participation group (PPG). They gave us positive feedback about the practice.

Results from the National GP Patient Survey, published in July 2016, showed that ratings from patients were comparable with local and national averages for satisfaction scores on how they were treated with compassion, dignity and respect. For example:

- 85% said the last GP they saw or spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 99% 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%.
- 86% said they find the receptionists at this surgery helpful compared to the local CCG average 90%, national average 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback in the comment cards we received 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.

Results from the National GP Patient Survey we reviewed showed patients rated the practice lower than others for some aspects of their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages. For example:

- 84% said the GP was good at listening to them compared to the local CCG average of 89% and national average of 89%.
- 83% said the GP gave them enough time compared to the local CCG average of 87% and national average of 87%.
- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 88% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 93% said the nurse gave them enough time compared to the local CCG average of 94% and 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

The patient waiting area had a large amount of information for patients. Information regarding various support groups for example, the local carers centre, self-care for long term health conditions, safeguarding and mental health services.

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 52 patients on the carer's register, accounting for less than 1% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support. The practice always sent a bereavement card to the family.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 a Monday evening and Monday and Wednesday mornings.
- The practice were part of an alliance with eleven other GP practices where appointments were available to patients on Saturday mornings from 8am until 10am and early mornings form 6am until 8am. This was available in a practice in the same building.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including chronic disease management and travel vaccinations which included yellow fever.
- The lead GP told us there were arrangements with a neighbouring practice for patients to see a female GP if necessary.
- The practice had recently introduced an in house phlebotomy service.
- The practice had level access for patients and there was a lift to the practice on the first floor. There was a baby change and separate breast feeding room.

Access to the service

The practice was open, Monday 7:30am to 7:30pm, Wednesday 7:30am to 6pm and Tuesday, Thursday and Friday 8am until 6pm.Consulting times with GPs and practice nurses ranged from Monday and Wednesday 7:30am, Tuesday, Thursday and Friday 8:30am until 11:30am. Afternoon surgery commences at 2:30pm and runs to 6pm every evening except a Monday when consultations run to 7:30pm.

We reviewed 46 CQC comment cards completed by patients prior to the inspection. Some patients said it was easy to obtain an appointment, however of five patients who raised concerns, three raised issues with obtaining an appointment.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. The receptionist told us there were emergency appointments available every day at the practice. Routine appointments could be booked up to one month or 48 hours ahead. There were routine appointments available in two working days from the day of our inspection. The practice had a branch surgery in the Ryhope area of Sunderland which had closed recently. This had a positive effect on the appointment system and more appointments were now available.

Results from the National GP Patient Survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was lower when compared to local and national averages. For example;

- 77% said they found it easy to get through to this surgery by phone compared to the local CCG average 79%, national average 73%.
- 63% described their experience of making an appointment as good compared to the local CCG average 75%, national average 73%.

The practice hoped the next survey would be more positive in relation to the appointment system due to the closure of the branch surgery which had resulted in better appointment availability. The practice had recently introduced a new telephone system. There had not been enough lines into the surgery which had caused problems for patients getting through on the telephone.

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 acting practice manager was the designated responsible person who handled all complaints in the practice.

We saw the practice had received three complaints since June 2016 and these had been investigated in line with their complaints procedure. Where mistakes had been

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for this domain. There were gaps in the governance arrangements. The provider did not have a comprehensive understanding of the performance of the practice. The arrangements for staff training and appraisals were not satisfactory. The practice had not ensured that their CQC registration was correct.

We saw at our inspection on 2 February 2017 that some improvements had been made. However, other issues were not addressed, the provider did not have a comprehensive understanding of the practice, CQC registration issues had not been addressed and there was no programme of clinical audit.

Vision and strategy

Staff we spoke with talked about patients being their main priority. The practice's vision statement was to be committed to proving high quality care to all users of services and advocate best practice in the delivery of all services. They aimed to be considerate and responsive to the needs of their patients and to offer an open channel of communication to maintain standards and consistency in the level of service provided.

The practice strategy was to provide quality, high standard patient centred care by improving access and ensuring the central co-ordinating role of general practice in delivering out of hospital care. To support better health through prevention and to increase patients' capacity for self-care and to engage in working arrangements between practices.

The practice did not have a business development plan and there was no succession planning in place. They did however have an action plan in place and had a meeting with all staff in the Autumn of 2016 to discuss this. The action plan included issues such as telephone access and demand for appointments, audit of the (patient) did not attend (DNA) rate for appointments and plans to increase the patient participation group (PPG) numbers. The practice supplied us with a business plan in March 2017, following the draft report of the inspection being written. This set out the priorities for the practice from 2017 to 2020. It included a section on succession planning for the lead GP.

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

Since our last inspection in February 2016 we saw that there had been changes in the partnership in the practice, the previous partner had left the practice in August 2016. The previous partner and acting practice manager had effected the changes made in the practice. At this inspection we saw that the acting practice manager was driving change in the practice. The lead GP/registered manager of the practice had little involvement in this and was not providing any clinical leadership or in touch with the performance of the practice.

There were governance arrangements which supported the delivery of services and good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities. The acting practice manager was the lead for health and safety, significant events and complaints. The practice nurse was the lead for infection control. The lead GP partner was the safeguarding lead however, staff did not seem to be aware of this and said they would go to the acting practice manager or practice nurse for advice needed. The practice manager's post had not been advertised since our last inspection, the role was still a temporary one for the acting practice manager.
- Practice specific policies had been implemented and were available to all staff.
- The acting practice manager and practice nurses had worked hard to improve the Quality and Outcomes Framework (QOF) and they were on course for the current reporting year to have higher scores than local and national averages.
- The acting practice manager was able to provide us with data which showed A and E attendances had reduced and that the practice had acceptable levels of prescribing.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, there were areas where improvements could be made,

Are services well-led?

Inadequate

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

- CQC registration issues in the practice had not been properly addressed for over three years by the management team.
- There was no programme of clinical audit to improve patient outcomes.
- We were not assured that there was discussion and leadership around best practice and clinical guidelines at practice level.
- The practice nurses were not receiving any clinical input into their appraisals.
- We identified at our previous inspection that only one member of staff had received information governance training, we found at this inspection that the practice nurses had still not received this training.

Leadership and culture

At our previous inspection in February 2016 the inspection team felt that the registered manager could be more involved in the day to day running of the non-clinical areas of the practice to ensure good governance. This did not change at our current inspection. The lead GP said clearly they were not interested in being involved in clinical audit or management of the practice, they preferred to see patients. This demonstrated poor leadership. They could not explain to us how the practice was performing in relation to QOF which was used to monitor the practice performance.

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

There were regular meetings, involving staff at all levels. Staff told us they felt supported in their roles and management at the practice were approachable. The acting practice manager showed us examples of minutes of the meetings which were held, for example, multi-disciplinary (MDT), clinical and administration team meetings.

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 a recent patient survey, formal and informal complaints received and the PPG.

The patient participation group had eight members. The group met every three months. We spoke with one member of the PPG. They commented positively on changes which had been made as a result of the group's feedback. The practice had asked for the views of the PPG members regarding the practice appointment system. The practice had changed appointment times to suit working patients as a result of this.

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. All staff were encouraged to identify opportunities for future improvements on how the practice was run.

Continuous improvement

The practice had improved several aspects of the services and care they provided to patients, this included;

- Being on course to improve their QOF scores for the current year. This had been a joint effort between the acting practice manager and practice nurses.
- The introduction of a new telephone system, to improve access.
- More appointments had been provided and the practice felt that access has recently improved.
- A new system had been introduced for the retention and storage of documents on the practice IT system.
- The practice now offered a phlebotomy service.