St Bede Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the St Bede Medical Centre on 5 July 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events. The staff team took the opportunity to learn from all internal and external incidents.
- Risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. They had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations, when planning how services were provided, to ensure patients' needs were met.
- Patients' emotional and social needs were seen as being as important as their physical needs, and there was a strong, visible, person-centred culture. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care. All staff were actively engaged in monitoring and improving quality and patient outcomes. Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- The leadership, governance and management of the practice helped ensure the delivery of good quality person-centred care, supported learning, and promoted an open culture.

However, there were also areas where the provider needs to make improvements. The provider should:

Summary of findings

- Review prescription security arrangements.
- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.
- Make arrangements for all staff to have annual appraisals.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The practice's overall achievement, for 2014/15, was broadly in line with local clinical commissioning group (CCG) and England averages.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Clinical audits were carried out to help improve patient outcomes.
- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients we spoke with, and those who had completed a CQC comment card, were very happy with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, and their involvement in decision making, was either above, or broadly in line with, the local clinical commissioning group (CCG) and national
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example, staff participated in the local Community Integrated Team (CIT) initiative, to help reduce the risk of admission for patients with the most complex needs.
- The majority of patients who provided feedback on CQC comment were satisfied with telephone access to the practice or appointment availability. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with the convenience of appointments, appointment waiting times, telephone access and appointment availability, were either above, or broadly in line with, the local CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. There was evidence the practice responded quickly to any issues raised.

Are services well-led?

Good

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

Summary of findings

- The practice had good governance and performance management arrangements. They had clearly defined and embedded systems and processes that kept patients safe. There was a clear leadership structure and staff felt well supported by the GPs and the practice management team.
- The practice actively sought feedback from patients via their patient participation group. They had acted on this feedback by making improvements to the quality of care patients received.
- There was a strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed above, or broadly in line with, local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- The practice offered proactive, personalised care which met the needs of older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care.
- Staff worked in partnership with other health care professionals to ensure that older patients received the care and treatment they needed, so that where possible, emergency admissions into hospital could be avoided.

People with long term conditions

Good

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

- The QOF data, 2014/15, showed the practice had performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long-term conditions were offered annual reviews to check their health needs were being met and that they were receiving the right medication. Longer appointments and home visits were available when needed.
- Clinical staff were good at working with other professionals to deliver a multi-disciplinary package of care to patients with complex needs.

Families, children and young people

Good

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

- There were good systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular multi-disciplinary safeguarding meetings were held

Summary of findings

where the needs of vulnerable children and families were discussed. All clinical staff had completed appropriate safeguarding training. Appointments were available outside of school hours and the practice's premises were suitable for children and babies.

- The practice offered contraceptive and sexual health advice, and information was available, about how patients could access specialist sexual health services.
- The practice offered a full range of immunisations for children. Childhood immunisation rates, collected by NHS England, for the vaccinations given were either above, or broadly in line with, local CCG averages. For example, childhood immunisation rates for the vaccinations given to children under two years old ranged from 98.6% to 100% (the local CCG averages ranged from 96.2% to 98.9%). For five year olds, the rates ranged from 89.4% to 97% (the local CCG averages ranged from 31.6% to 98.9%).
- The practice had a comprehensive screening programme. The QOF data showed the uptake of cervical screening for females aged between 25 and 64, attending within the target period was just below the national average, (71.4% compared to 81.8%.)

Working age people (including those recently retired and students)

Good

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

- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.
- The QOF data showed the practice had performed either above, or broadly in line with, local CCG and England averages, in providing recommended care and treatment to this group of patients.
- Extended hours appointments were routinely provided each morning, and patients were able to access out-of-hours care via local walk-in centres.
- Information on the practice's website, and on display in their patient waiting areas, directed patients to the out-of-hours service.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- There were suitable arrangements for meeting the needs of vulnerable patients. The practice maintained a register of patients with learning disabilities which they used to ensure they received an annual healthcare review. Extended appointments were offered to enable this to happen.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients.
- Appropriate arrangements had been made to meet the needs of patients who were also carers.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- There were suitable arrangements for meeting the needs of patients experiencing poor mental health. The QOF data, for 2014/15, showed the practice had performed above, or broadly in line with, local CCG and national averages, in relation to providing care and treatment to this group of patients.
- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Patients with mental health needs were referred to the local Community Mental Health Care Team, if staff thought they would benefit from the services it provided.
- There was a clinical lead for patients with learning disabilities, who provided staff with guidance and advice. They also held a dedicated clinic where these patients could access healthcare checks.
- The practice's clinical IT system clearly identified patients with dementia and mental health needs, to ensure staff were aware of their specific needs.

Summary of findings

What people who use the service say

We spoke with seven patients, including two from the practice's patient participation group. Feedback was positive about the way staff treated them and they said they had a good opinion of the practice. Patients told us:

- Staff were friendly and helpful.
- They could get an appointment when they needed one, and said this was usually within two to three days. They all said that appointments did not usually run to time and that there could be a ten to fifteen minute wait. Most patients said they were given enough time during their consultations, and they all told us their privacy and dignity was respected.
- They could see a GP of their choice and that there were enough qualified staff working at the practice.
- They felt listened to and that their treatment choices were explained to them.
- They had been given information about how to live a healthy lifestyle.
- The practice was always clean.
- They were not clear about how to access the out-of-hours service, but said they thought instructions would be available via a voicemail message on the practice's telephone.
- They would feel comfortable raising concerns with the practice.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 48 completed comment cards and these were positive about the standard of care provided. Words used to describe the service included: very good; always caring; cheerful staff; excellent; very helpful; thorough and conscientious; professional and pleasant; respectful; full marks; first class and good experience. There were only three negative comments. These related to: a patient feeling rushed during a consultation; staff speaking about private matters at reception in earshot of other patients; and GPs running late without any information regarding how long the delay would be.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with the quality of GP and nurse consultations, were either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. There were also good levels of satisfaction regarding telephone access and appointment availability. For example, of the patients who responded to the survey:

- 97% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 90% said the last GP they saw was good at listening to them, compared to the local CCG and national averages of 89%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same at the local CCG average, and above the national average of 97%.
- 88% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 91% found receptionists at the practice helpful, compared with the local CCG average of 79% and the national average of 73%.
- 98% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 91% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 82% and the national average of 85%.
- 89% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 62% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 69% and the national average of 65%.

Summary of findings

(278 surveys were sent out. There were 120 responses which was a response rate of 43%. This equated to 0.9% of the practice population.)

Areas for improvement

Action the service SHOULD take to improve

- Review prescription security arrangements.
- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.
- Make arrangements for all staff to have annual appraisals.

St Bede Medical Centre

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 and a practice manager specialist advisor. There was also an Expert by Experience. An expert by experience is somebody who has personal experience of using, or caring for someone who uses a health, mental health and/or social care service.

Background to St Bede Medical Centre

St Bede Medical Centre provides care and treatment to 7769 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in the Monkwearmouth area of Sunderland. We visited the following location as part of the inspection: St Bede's Medical Centre, Lower Dundas Street, Monkwearmouth, Sunderland, SR6 0QQ.

The practice serves an area where deprivation is lower than the local CCG average, but higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The percentage of people with a long-standing health condition is higher than the England average, as is the percentage of people with caring responsibilities. Life expectancy for both men and women is lower than the England average. National data showed that 3.2% of the population are from an Asian ethnic minority background, and 1.9% are from other non-white ethnic groups.

The practice occupies premises that were purpose built in 1990, and then extended in 1995 and 2004, to provide extra space. The premises contain consultation, treatment and minor surgery rooms, and a large education/meeting room. The practice has five GP partners (three male and two female), one salaried GP (female), and two practice nurses (female), a healthcare assistant (female) and a team of administrative and reception staff.

The practice is a teaching and approved training practice where qualified doctors and medical students can gain experience in general practice. Two GP registrars were on placement at the time of our visit. The practice also occasionally had a Career Start doctor placed with them, although there were none working there at the time of our visit. (A Career Start GP is a fully qualified doctor who has already completed their specialist GP training and who take placements within a certain practice in order to further develop their skills before taking up a permanent position.)

The practice is open Monday to Friday between 7:45am and 6pm, and GP appointment times are Monday to Friday between 8:30am and 10:30am, and between 1pm and 5pm. The practice is closed at the weekend.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff, including three GPs, the practice manager, the business manager, a practice nurse and some administrative staff. We also spoke with seven patients, including two members of the practice's patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff had identified and reported on eight significant events during the previous 12 months. We found that, following each incident, staff had completed a significant event analysis (SEA) form. These provided details of what had happened, what staff had done in response and what had been learnt as a consequence.
- Copies of significant event reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately. . Following the completion of a recent SEA, the team had made a decision to offer an annual review to all women prescribed Hormone Replacement Therapy. Steps were being taken to identify this group of women to enable this to happen. Learning had been disseminated and discussed during practice meetings. When appropriate, the practice manager also circulated a 'practice memo' to staff summarising learning from SEAs.
- The practice's approach to the handling and reporting of significant events ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- There was a system for recording, investigating and learning from incidents, and this was known by the staff we spoke with. Where relevant, patient safety incidents had been reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer, to a central monitoring system, so that the local CCG can identify any trends and areas for improvement.)
- The practice had a system for responding to safety alerts. All safety alerts, including those covering medicines, were received into a secure email box and forwarded to clinicians by a designated member of staff, so that appropriate action could be taken in response. There was evidence that safety alerts had been handled appropriately, and that these were shared with staff during practice meetings. The practice manager told us they would introduce a system that would provide assurance that staff had read the safety alert emails distributed to them.

Overview of safety systems and processes

The practice had a range of clearly defined and embedded systems and processes in place which helped to keep patients and staff safe and free from harm. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place. Staff told us they were able to easily access these and a hard copy was available in the administrative team area. Safeguarding information was also available on the practice's IT system, for ease of access. A designated member of the GP team acted as the children and vulnerable adults safeguarding lead, providing advice and guidance to their colleagues. Staff demonstrated they understood their safeguarding responsibilities and the clinical team worked in collaboration with local health and social care colleagues, to protect vulnerable children and adults. Children at risk, and vulnerable adults, were clearly identified on the practice's clinical IT system, to ensure clinical staff took this into account during consultations. Multi-disciplinary meetings were held to monitor vulnerable patients and share information about risks. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training. All staff had also completed adult safeguarding training.
- Chaperone arrangements to protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The chaperone service was advertised on posters displayed in the waiting area.
- Appropriate standards of cleanliness and hygiene. The practice employed their own cleaning staff who worked to an agreed schedule. There was an identified infection control lead who had completed additional training, to

help them carry out this role effectively. There were infection control protocols in place and these could be easily accessed by staff. Most staff had completed infection control training. Sharps bin receptacles were available in the consultation rooms and those we looked at had been signed and dated by the assembler. Clinical waste was appropriately handled. Some infection control audits had been carried out including, for example, hand wash audits.

- Appropriate arrangements for managing medicines, including emergency drugs and vaccines. There was a good system for monitoring repeat prescriptions and carrying out medicines reviews. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. However, we did find a small number of gaps, which the practice manager told us they would address immediately following the inspection. 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.) Appropriate systems were in place to manage high risk medicines. Stocks of prescription forms were checked and logged on being received into the practice. These were securely stored. We shared this with the practice team who advised that they would immediately review their prescription form security arrangements.
- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of four staff recruitment files. Appropriate inThe provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried DBS checks on each person and had obtained proof of their identity.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and calibrated, to ensure it was safe and in good working order. A range of other routine safety checks had also been carried out. These included checks of fire, electrical and gas systems**,** the completion of an up-to-date fire risk assessment and carrying out an annual fire drill. Most staff had completed fire safety training. A comprehensive health and safety risk assessment had been completed in 2015, to help keep the building safe and free from hazards. A legionella risk assessment had been carried out and actions identified had been completed. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) All staff had been issued with a health and safety handbook, to help raise staff awareness, and a health and safety information poster was on display in the administrative area.
- There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. The practice had a full complement of GPs and nursing staff. Administrative staff had allocated roles, but were also able to carry out all reception and office duties. Staff told us administrative staffing levels were sufficient. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs, and staff covered each other's holiday leave. Use of GP locums was minimal. Staff were concerned that the recent retirement of one of the practice's nurses might impact upon the team's capacity to meet targets and extend routine appointment waiting times. We were told this had been raised with the practice management team who had responded positively to this feedback. Action was being taken to set up a meeting to address these concerns.

Arrangements to deal with emergencies and major incidents

The practice had made satisfactory arrangements to deal with emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had completed basic life support training. . Advice from the Resuscitation Council (UK) states that clinical and non-clinical staff should have annual updates.

Good

Are services safe?

- Emergency medicines were available in the practice. These were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates.
- Staff also had access to a defibrillator and oxygen for use in an emergency. Regular checks of these had been carried out.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up-to-date with new guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. These outcomes were broadly in line with local clinical commissioning group (CCG) and England averages. (QOF is intended to improve the quality of general practice and reward good practice).

The QOF data, for 2014/15, showed the practice had obtained 94.2% of the total points available to them for providing recommended care and treatment. This was just below the local CCG average of 95.7%, and the England average of 94.8%.

- Performance for the diabetes related indicators was either better than, or broadly in line with, the England averages, For example, 1 April 2014 to 31 March 2015, was 140/80 mmHg or less, was higher when compared to the England average (84.5% compared to 78%). The data also showed the percentage of patients with diabetes, with a record of a foot examination and risk classification, in the same period of time, was just below the England average (86.7% compared to 88.3%).
- Performance for the mental health related indicators was either better than, or broadly in line with, the England averages. For example, the percentage of patients with the specified mental health conditions, who had had a comprehensive, agreed care plan documented in their medical record, during the period from 1 April 2014 to 31 March 2015, when compared with the England average (95.1% compared to 88.4%). The data also showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption had been recorded, in the same period of time, when compared to the England average (82.6% compared to 89.5%). However, the practice's performance was broadly in line with the local CCG average, and although there was room for improvement, we did not consider this to be significant.

The practice's exception reporting rate, at 5.7%, was 5.1% below the local CCG average and 3.5% above the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

Staff were proactive in carrying out clinical audits to help improve patient outcomes. We looked at two of the seven clinical audits that had been carried out in the previous 12 months. These were relevant, showed learning points and evidence of changes to practice. The audits were also clearly linked to areas where staff, including the GP registrars on placement, had reviewed the practice's performance and judged that improvements could be made. For example, the practice had carried out an audit of women diagnosed with Polycystic Ovarian Syndrome (PCOS) to identify whether staff were following the latest NICE guidance on how to care for, and treat this group of patients. Following completion of the full cycle audit, the findings had been presented to staff at a multi-disciplinary team meeting. Learning from the audit included the setting up of a process to identify patients with PCOS, in order to check that they had access to the relevant information leaflet detailing the risks associated with this condition. Other audits had been also been carried out including, an audit looking at whether patients with coeliac disease were receiving care in line with relevant NICE guidance. We identified that the practice did not maintain a central log of the audits they undertook. We shared this with the practice who responded positively to our feedback.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. Those staff we spoke with told us they had received an appropriate induction which had met their needs.
- The practice could demonstrate how they ensured role specific training. For example, the healthcare assistant

Good

Are services effective?

(for example, treatment is effective)

told us staff were always encouraged to do extra training and that they had been given time to complete the Care Certificate course. This member of staff had also completed their influenza and immunisations update training, during the previous 12 months. Nursing staff had completed additional post qualification training to help them meet the needs of patients with long-term conditions. For example, one of the nurses had completed the Infection Prevention and Infection Control Link Practitioner course. They had also undertaken, during the previous two years, training in diabetes and prescribing, incident reporting, management of asthma in children and adults, respiratory care and cervical screening. Staff made use of e-learning training modules and a training and education afternoon was provided on alternative months.

- The majority of staff had received an annual appraisal of their performance during the previous 12 months. We spoke to these two staff who told us they were well supported in carrying out their roles and responsibilities. We were told this would be addressed immediately following the inspection. The practice nurse we spoke with confirmed one of the GPs carried out their appraisals. They told us they had access to clinical supervision, via a local nurse professional forum and with the GPs at the end of practice meetings. Appropriate arrangements were in place to ensure the GPs received support to undergo revalidation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.
- Clinical staff used 'special notes' to record important information about vulnerable patients with complex needs, so this could be shared with out-of-hours emergency professionals in a timely manner.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.
- There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. Nationally reported information showed the practice's performance was comparable to other practices.

- The uptake of breast screening for females aged between 50 and 70, in the last 36 months, was above the national average, 81.1% compared to 72.2%.
- The uptake of bowel cancer screening in patients aged between 60 and 69, during the last 30 months, was the same as the national average of 58.5%.

Good

Are services effective?

(for example, treatment is effective)

- The uptake of cervical screening for females aged between 25 and 64, attending during the target period, was lower, at 71.4%, than the national average of 81.8%. Nationally reported data showed that the practice had excepted 57 out of a total of 1935 patients. However, the practice's exception reporting rate was lower than both the local CCG and national averages. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

The practice offered a full range of immunisations for children. Publicly available information, collected by NHS England, showed they had performed well in delivering childhood immunisations. For example, childhood immunisation rates for the vaccinations given to children under two years old ranged from 98.6% to 100% (the local CCG averages ranged from 96.2% to 98.9%). For five year olds, the rates ranged from 89.4% to 97% (the local CCG averages ranged from 31.6% to 98.9%).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were highly motivated to offer care that was kind and which promoted patients' dignity. Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations, so that conversations could not be overheard. Reception staff said that a private area would be found if patients needed to discuss a confidential matter. However, it was noted that patients' confidential medical records were stored in unlocked cabinets. This meant some staff could potentially access these without having the authority to do so. The practice manager confirmed that this would be addressed following the inspection.

Feedback from patients was positive about the way staff treated them**.** We spoke with seven patients. The majority said they were given enough time during their consultations, and all told us that their privacy and dignity was respected. Patients told us they felt listened to and said their treatment choices were explained to them.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 48 completed comment cards and most of the respondents were positive about the standard of care provided. Words used to describe the service included: very good; always caring; cheerful staff; excellent; very helpful; thorough and conscientious; professional and pleasant; respectful; full marks; first class and good experience. There were only three negative comments. These related to: a patient feeling rushed during a consultation; staff speaking about private matters at reception in earshot of other patients; GPs running late without any information regarding how long the delay would be.

Data from the practice's Friends and Family Test survey for June 2016 indicated that 96% of patients (56) were extremely likely or likely to recommend the practice to their friends and families. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of GP and nurse consultations and the reception team, was either above, or broadly in line with, the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 86% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG and the national averages of 87%.
- 97% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 90% said the last GP they saw was good at listening to them, compared to the local CCG and national averages of 89%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time, compared to the local CCG average of 94% and the national average of 92%.
- 98% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG average, and above the national average of 97%.
- 88% said the last nurse they saw was good at listening to them, compared to the local CCG of 94% and the national average of 91%.
- 91% found receptionists at the practice helpful, compared with the local CCG average of 79% and the national average of 73%.

Care planning and involvement in decisions about care and treatment

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

- 89% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG and the national averages of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care. This was the same as the local CCG and the national averages.

Good

Are services caring?

- 91% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- They understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, staff would contact them to offer condolences and support.

The practice was committed to supporting patients who were also carers. The practice's healthcare assistant acted as the carers' lead and provided patients with advice, support and information. Where appropriate, they referred patients to the Sunderland Carers' Centre, to help them access for advice and support. Staff maintained a register of these patients, to help make sure they received appropriate support, such as an annual carers' health check. There were 79 patients on this register, which equated to 1% of the practice's population. The practice had identified that they wanted to increase the number of patients on their register. Staff had carried out a carers' survey in February 2016, and had subsequently devised an action plan to help them increase the number of patients on the register.

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 provide flexibility, choice and continuity of care. Examples of the practice being responsive to and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care, and access to a regular health review and check-up, either with a GP or nurse. For housebound patients, clinical staff carried out reviews in their own homes. Staff worked in conjunction with local pharmacy staff, to help provide vulnerable patients with safer and easier access to their medicines, via the use of monitored dosage systems. Medicine reviews for patients living in local care homes were provided by a pharmacist attached to the practice. Older patients had access to influenza, shingles and pneumococcal vaccinations, either at the practice or in their own homes.
- The practice had appropriate systems in place to help reduce avoidable admissions into hospital. Staff participated in the local Community Integrated Team (CIT) initiative, to help reduce the risk of an emergency hospital admission for patients with the most complex needs. A member of the GP team attended fortnightly CIT meetings, to help ensure patients received appropriate care and support. Another GP had recently attended training to help the practice develop Emergency Health Care Plans (EHCPs). At the time of our visit, these had been completed for 28 of the most vulnerable patients.
- The provision of nurse-led long-term conditions (LTCs) clinics. The practice's 'call and recall' system helped to ensure that patients were invited to attend for their healthcare review. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice. In addition to the provision of LTCs clinic appointments, the practice also offered a range of services that enabled patients to receive care and treatment closer to home. For example, a Warfarin monitoring service was offered at the practice. The practice had recently been provided with equipment which was enabling them to check whether patients with LTCs also had undiagnosed atrial fibrillation (abnormal heart rhythm). Staff were also considering the provision of an in-house monitoring service for patients prescribed new oral anticoagulant medicines.Nursing staff provided a pulmonary rehabilitation service and encouraged patients to participate in a local exercise programme aimed at improving the health and well-being of patients with LTCs. In-house spirometry (a lung function test), and ambulatory BP and insulin initiation management services were also provided.
- Effective arrangements to meet the needs of children, families and younger patients. A full programme of childhood immunisations was offered by the practice nursing team, and nationally reported data showed they had performed well. Appointments were available outside of school hours and ill children were provided with access to same day care. The practice premises were suitable for children and babies. The practice offered contraceptive services, and sexual health information was available within the practice.ystems had been put in place to identify and follow up children who were at risk. For example, staff had developed a protocol which helped to ensure that safeguarding requests were dealt with appropriately and promptly.
- Appropriate arrangements for meeting the needs of patients with mental health conditions. Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Patients with mental health needs were referred to the local Community Mental Health Care Team, if staff thought they would benefit from the services it provided. T
- Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe. Where appropriate, staff referred patients to the local memory clinic and the psychological wellbeing service. Following the completion of a dementia survey, staff had taken action to address the issues identified. This included providing coloured toilet seats and additional signage, to help promote patients'

Good

Are services responsive to people's needs?

(for example, to feedback?)

independence. The practice publicised the local Essence Service, run by a national charity, which acts as a first port of call for people who have been recently diagnosed with dementia.

- Good arrangements for meeting the needs of working age patients. For example, the nursing team offered a range of health promotion clinics, including smoking cessation clinics and well person and new patient checks. Extended hours appointments were offered each workday morning from 7:45am. Patients were able to use on-line services to access appointments, request prescriptions and access their medical records.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. There was a clinical lead for patients with learning disabilities, who provided staff with guidance and advice. They also held a dedicated clinic where these patients could access healthcare checks. a disabled toilet which had appropriate aids and adaptations. Disabled parking was available.

Access to the service

The practice was open Monday to Friday between 7:45am and 6pm, and GP appointment times were Monday to Friday between 8:30am and 10:30am, and between 2pm and 5pm. All consultations were by appointment only and could be booked by telephone, in person or on-line. Patients were able to access book-on-the day appointments, as well as routine pre-bookable appointments up to six months in advance. The GP providing duty doctor cover ensured that any requests for home visits were reviewed and allocated, to enable the practice to make an appropriate and prompt response.

The majority of patients who provided feedback on CQC comment cards raised no concerns about telephone access to the practice or appointment availability. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with the convenience of appointments, appointment waiting times, telephone access and appointment availability, were either above, or broadly in line with, the local CCG and national averages. Of the patients who responded to the survey:

- 98% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 91% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 82% and the national average of 85%.
- 89% found it easy to get through to the surgery by telephone, compared with the local CCG average of 79% and the national average of 73%.
- 62% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 69% and the national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints.

- This included having a designated senior GP who was responsible for handling any complaints and a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website and was also on display in the patient waiting areas.
- The practice had received four complaints during the previous 12 months. Although they had responded promptly to patients' concerns and had undertaken full and complete investigations, none of the letters subsequently sent to patients contained an apology, an offer to speak with staff, or the contact details for the Parliamentary and Health Service Ombudsman (PHSO). We shared this with the practice manager who responded positively to our feedback. We were assured that all patients had received an apology where this was relevant.

A multi-disciplinary team meeting was used to carry out an annual review of complaints received. Minutes of the meetings were circulated to all staff, to enable learning across the practice to take place.

Are services well-led?

Good

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

Our findings

Vision and strategy

The leadership, governance and culture at the practice actively encouraged and supported the delivery of good-quality, person-centred care.

- The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. Staff had prepared a statement of purpose as part of their application to register with the Care Quality Commission, and had devised a mission statement and practice charter which set out what they wanted to achieve for their patients. staff told us that the final section of each practice meeting was used to discuss business matters and development issues.
- The GP team was motivated and committed to improving the quality of care and treatment they provided to patients. They were also committed to the development of general practice and demonstrated this by being a training and teaching practice, and through their involvement in the GP 'Career Start' scheme.
- All of the staff we spoke to were aware of the practice's commitment to providing good patient care and how they were expected to contribute to this. They were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- Continuous clinical audit was used to monitor quality and to make improvements.
- Regular planned meetings were held to share information and manage patient risk.
- Staff were supported to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice.
- Staff had access to a range of policies and procedures, which they were expected to implement.
- Patients were encouraged to provide feedback on how services were delivered and what could be improved.

Leadership, openness and transparency

On the day of the inspection, the partners demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality compassionate care. There was a clear leadership and management structure, underpinned by strong teamwork and good levels of staff satisfaction.

The provider had complied with the requirements of the Duty of Candour regulation.

- The partners encouraged a culture of openness and honesty. Staff we spoke with told us they felt well supported by the leadership at the practice, and regular meetings took place to help promote their participation and involvement.
- A culture had been created which encouraged and sustained learning at all levels.
- There were effective systems which ensured that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

The practice encouraged and valued feedback from patients and staff. They had an active

PPG, consisting of six members, and a virtual PPG comprised of a further seven patients. The PPG provided a patient's perspective on issues, concerns and proposed developments.

- Information about the PPG had been uploaded onto the practice's website, including meeting minutes and a copy of the most recent annual review report.
- PPG agenda items included: services provided to patients aged over 75 years of age, the provision of on-line services and patient survey outcomes.
- The most recent annual PPG review report (for 2014/15) included priorities for the year ahead.

Are services well-led?

Good

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

- Staff told us that PPG meetings had been less frequent during 2015/16, due to the closure of a nearby local practice and the impact this had had upon staff's workload.

We spoke with some of the PPG members, who told us they felt their views and opinions were welcomed by the practice. They told us of the improvements that had been made as a result of their involvement. For example, they said improvements had been made to the layout of the seating in the waiting area, and information leaflets had been better organised. They also told us a large screen television had been installed in the waiting area, which displayed the names of the GP and patient, when announcing that the doctor was ready to receive a patient.

Staff had also gathered feedback from patients through their Friends and Family Test survey. The practice had also recently carried out an in-house patient survey, and produced an action plan to address the issues raised. The results of these surveys had been made available on the practice's website.

It was very evident that the GP partners and practice manager valued and encouraged feedback from their staff. Arrangements had been made which ensured that most staff had received an annual appraisal.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and actively encouraged and supported staff to access relevant training. The team demonstrated their commitment to continuous learning by:

- Providing GP Registrars (trainee GPs) and medical students with opportunities to learn about general practice. The practice also participated in the Career Start GP scheme which enables fully qualified doctors, who have already completed their specialist GP training, to take up placements within a practice in order to further develop their skills before taking up a permanent position.
- Actively encouraging and supporting staff to access relevant training. This included staff attending bi-monthly training sessions.
- Carrying out a range of clinical and quality improvement audits, to help improve patient outcomes.
- Learning from any significant events that had occurred, to help prevent them from happening again.