

Dr SM Bhate and Dr H El-Shakankery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SM Bhate and Dr H El-Shakankery on 21 January 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events, and these were investigated thoroughly. However, some staff told us they were unsure about what needed to be reported.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about how to complain was limited.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum doctors. This includes keeping records of the immunity status of clinical staff.

Summary of findings

- Ensure detailed information and guidance about how to complain is available and accessible to everyone who uses the service.
- Strengthen governance arrangements to ensure that services meet the needs of the patient population. This includes putting systems in place to evidence that staff have read safety alerts which are received by the practice.

In addition the provider should:

- Implement a system to ensure that the professional registration and medical indemnity cover of clinical staff is checked at regular intervals.

- Keep copies of the business continuity plan off the practice premises, so it can be accessed by staff in the event of an emergency preventing access to the practice.
- Consider a formal risk assessment to document the reasons for stocking four emergency medications and not keeping these together in an emergency medications bag.
- Audit minor surgery at the practice to monitor infection rates and to monitor the quality of tissue samples sent for further investigation when disease is suspected.

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?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events, however staff told us they were unsure about what should be reported.
- There were no systems in place to ensure staff had read safety alerts.
- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had policies in place to keep patients and staff safe; however we saw that the practice recruitment policy had not been followed when appointing a new member of staff.
- While lessons were shared at practice meetings, the learning from significant events was non-specific.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked as part of the Community Integrated Team to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect, but some said they did not feel involved in decisions about their care and treatment.
- Data from the National GP Patient Survey showed patients rated the practice below others for several aspects of care.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- There was limited information available to patients about how to make a complaint. We were told that most complaints were received verbally and these were not formally recorded or investigated. However, when written complaints were received evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they worked with other services as part of the East Locality Community Integrated Team to review the care of vulnerable patients.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was an overarching governance framework, however this lacked some arrangements to monitor and improve quality and identify risk. For example there were no systems in place to ensure staff had medical indemnity cover or that locum staff were registered with relevant bodies.
- There was a clear leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings; however we saw that the practice had not followed their recruitment policy when appointing new staff.

Requires improvement



Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents. This information was shared with staff but there was no system to ensure appropriate action was taken.
- The practice had sought feedback from staff and patients, though feedback from patients was limited. The practice was a member of a locality patient participation group (PPG) which did not include any of their own patients. We were told they were actively trying to establish a PPG specific to the practice.
- The practice had a mission statement to deliver high quality care and promote good outcomes for patients. Staff were clear about the mission statement and their responsibilities in relation to this.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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

The practice is rated as requires improvement for the care of older people. As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

- The practice offered personalised care to meet the needs of the older people in their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, 93.6% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), compared to a national average of 88.3%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with local averages for all standard childhood immunisations.
- Performance for asthma related indicators was in line with national averages. For example, 74% of patients with asthma, on the register had an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) that included an assessment of asthma control (national average 75.4%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- While concerns related to the welfare of children and families were discussed informally with midwives, health visitors and school nurses, there were no regular formal meetings held between this group of professionals.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

- Extended opening times were offered to meet the needs of the working age population, those recently retired and students.
- The practice offered online services, such as online appointment booking and repeat prescription ordering, as well as a full range of health promotion and screening that reflects the needs for this age group. However, the practice used their profile on NHS Choices as their website, and on the day of inspection some information about services listed on this website had not been updated since June 2012.
- The practice's uptake for the cervical screening programme was 80.9%, which was comparable to the national average of 81.8%.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients those who needed them, including patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). As the practice is rated as requires improvement overall, there were issues which influenced the rating which affect all the population groups.

- 94.1% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (April 2014 to March 2015), compared to a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- A psychiatrist was offered the use of a room in the practice to see patients.
- The practice carried out dementia screening.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice's performance was variable when compared to local and national averages. 431 survey forms were distributed and 114 were returned. This represented a 26.5% response rate, and 3.4% of the practice's patient list.

- 97.1% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 89.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.9%, national average 85.2%).
- 87.5% described the overall experience of their GP surgery as fairly good or very good (CCG average 88.1%, national average 84.8%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80.5%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which, 37 of which were entirely positive about the standard of care received. Commonly used words included caring, excellent, respectful, well looked after and cared for. A number of comments highlighted the ease of getting an appointment at the practice. Of the three with negative feedback, one card did state that staff were caring. All three concerns related to problems making an appointment.

We spoke with two patients during the inspection. Both patients told us that they had no problems making appointments and that staff were caring. However, both patients felt that they were not always listened to by their GP.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum doctors. This includes keeping records of the immunity status of clinical staff.
- Ensure detailed information and guidance about how to complain is available and accessible to everyone who uses the service.
- Strengthen governance arrangements to ensure that services meet the needs of the patient population. This includes putting systems in place to evidence that staff have read safety alerts which are received by the practice.

Action the service **SHOULD** take to improve

- Implement a system to ensure that the professional registration and medical indemnity cover of clinical staff is checked at regular intervals.
- Keep copies of the business continuity plan off the practice premises, so it can be accessed by staff in the event of an emergency preventing access to the practice.
- Consider a formal risk assessment to document the reasons for stocking four emergency medications and not keeping these together in an emergency medications bag.
- Audit minor surgery at the practice to monitor infection rates and to monitor the quality of tissue samples sent for further investigation when disease is suspected.

Dr SM Bhate and Dr H El-Shakankery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr SM Bhate and Dr H El-Shakankery

Dr SM Bhate and Dr H El-Shakankery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 3,329 patients from one location at Riverview Health Centre, Borough Rd, Sunderland, Tyne and Wear, SR1 2HJ. This is the location we visited on the day of our inspection.

The practice is based in a purpose-built surgery shared with one other GP practice and other local healthcare services, such as podiatry, district nurses and health visitors. The building is owned and managed by NHS Property Services Limited and has level-entry access and a car park for patients to use. All the services provided to patients by Dr SM Bhate and Dr H El-Shakankery are on the ground floor.

The practice has 12 members of staff, comprising two GP partners (both male), one nurse practitioner (female), two practice nurses (both female), a practice manager and six reception/administrative staff. The practice also has a regular locum GP (male).

The surgery is open from 8.30am until 6pm from Monday to Friday, with extended opening hours until 8pm on

Mondays. The telephone lines operate at all times during these opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate.

Appointments with a GP are available as follows:

- Monday: 9am to 11am, 4pm to 5.30pm and 6.30pm to 8pm
- Tuesday to Friday: 9am to 11am and 4pm to 5.30pm
- Weekends: closed

Appointments with the nurse practitioner were available Mondays and Wednesdays from 9am to 12pm and 2pm to 5pm.

The practice is part of Sunderland clinical commissioning group (CCG) and provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice. The practice population broadly reflects national averages for age distribution. There are however slightly more patients than average between the ages of 60-69 and slightly fewer than average under the age of 10. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited. Additional out of hours provision was available in the practice building from 6pm to 8pm Monday to Friday and 9am to 2pm on Saturday and Sunday. This was available to all patients in the locality.

Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The catchment area of the practice also includes five homeless

Detailed findings

refuges (one of which is especially for residents with psychotic conditions), two assisted living homes and the European Centre For Autism, which offers residential care for young people with Autism up to the age of 21.

Why we carried out this inspection

We inspected this service as part of our new 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. The 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

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- 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 the practice's policies and procedures.

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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- However, staff told us that they were unsure about what should be reported as a significant event. The practice had recorded two significant events in the past 12 months.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However, while the analysis of significant events was thorough, the learning points identified were often non-specific. For example, after a medication for a patient was added to the electronic record of a different patient in error, the learning identified from the significant event analysis was to be more vigilant when adding information to records.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. Safety alerts were received by the practice manager then sent to relevant staff, and hard copies were kept in a file in reception. However, there was no system in place to ensure that staff had read these or that they had been actioned.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, and all

staff at the practice had received a Disclosure and Barring Service check (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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The GPs provided safeguarding reports where necessary for other agencies. We were told that no formal meetings were held with health visitors and school nurses to discuss children who may be a risk of abuse. Although these professionals were located within the practice building and informal conversations did take place, we did not see evidence that these conversations were documented.
- The arrangements for managing medicines, such as vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

However, we identified areas where the practice needed to improve.

- Only one new staff member had been employed by the practice in the past three years. We reviewed their personnel file and found that appropriate recruitment checks, as outlined in the practice's recruitment policy, had not been undertaken prior to employment. For example, there was no documented proof of identification, references, or qualifications. We were also told that the person was hired without a formal interview, which was contrary to the practice's employment policy.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had also contracted an external company to undertake a health and safety risk assessment of the practice, and we saw evidence that actions were being taken to mitigate the risks identified. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had access to a variety of other risk assessments completed by the owners of the premises to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, and staff told us they were flexible to meet the needs of the service.

However, there were areas where the risk to patients had not been sufficiently assessed.

- There was no formal system for regularly checking that the registration and medical indemnity of the clinicians at the practice was up-to-date. On the day of our

inspection we found that the medical indemnity cover for three members of staff had lapsed at the end of December without their knowledge. This meant that the clinicians had been practising in breach of their professional registration. Once the issue was highlighted to the practice they ensured that appointments for patients to see these clinicians were cancelled, and they worked quickly with the indemnity provider to ensure appropriate cover was put in place.

- The practice occasionally employed locum doctors to cover for GP absence. However, we were told that no checks were carried out to ensure that locum doctors were registered with General Medical Council or that they had valid medical indemnity cover in place.
- We were told that in the last three years no audit had been carried out of minor surgery at the practice to monitor infection rates or to monitor the quality of tissue samples sent for further investigation when disease was suspected.
- There was no process for checking the immunity status of staff, and a record of staff immunisation was not kept by the practice. All staff should be up-to-date with routine immunisations, while clinical staff who have direct patient contact, as well as direct contact with patients' blood or blood-stained body fluids (for example, from needles), should be immunised against diseases such as Hepatitis B. Staff told us that they had had all the required immunisations but were unable to provide records to show this.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

However, there were other arrangements where improvements could be made.

Are services safe?

- While there were some medicines held in the practice for use in medical emergencies, these were kept as stock drugs, not stored together in an emergency medicines bag, and were kept in locked cupboards, making them potentially difficult to retrieve in an emergency. The practice held a limited number of emergency medicines (aspirin, adrenaline, GTN spray and salbutamol). We were told that this was because there was a pharmacy on site, where medicines could be obtained, and an Accident and Emergency department nearby. However we saw no formal documented risk assessment which identified the level of risk to patients incurred by not having a larger, more-accessible supply of emergency medicines in the practice.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, copies of this plan were not held off site, and so would not be accessible in the event of an emergency preventing entry to the building. We were told of an example where this had happened in the past and the practice could not access their emergency plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.9% of the total number of points available (compared to a national average of 94.2%) with 5.3% exception reporting (national average 9.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example, 93.6% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), compared to a national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (86.9% compared to 83.7%).
- Performance for mental health related indicators was better than the national average. For example, 94.1% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015), compared to a national average of 84%.

There had been three clinical audits completed in the last two years. Two of these were completed audits. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services in some instances. For example, recent action taken as a result of audit outcomes included increasing nurse-led triage of telephone calls to increase GP capacity to see patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis as part of the East Locality Integrated Community team, and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- 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.
- Patients assessed to be in the 2% most at risk of hospital admission were on a register and discussed weekly with other professionals at the East Locality Integrated Community team meeting.
- There was a counsellor available on the premises and drug and alcohol advice and smoking cessation advice were available from local support groups.

The practice's uptake for the cervical screening programme was 80.9%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 100% and five year olds from 88.9% to 96.3%. This compared to CCG averages of 96.6% to 100% for under two year olds and 31.6% to 98.9% for five year olds.

Flu vaccination rates for the over 65s were 77.8%, and at risk groups 56.4%. These were also comparable to national averages of 73.4% and 53.4% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 40 patient Care Quality Commission comment cards we received, 37 were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Of the three that raised concerns, one also highlighted that staff were caring. The concerns raised all related to difficulty making an appointment.

We were unable to speak to members of the patient participation group (PPG) as the practice formed part of a locality PPG but did not have any patients who were members.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was below national and local averages for some of their satisfaction scores on consultations with GPs and nurses. For example:

- 77.5% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.6% and national average of 88.6%.
- 79.4% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 90.1% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%).
- 80.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.5%, national average 85.1%).

- 86.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.3%, national average 90.4%).
- 94.2% said the last nurse they saw was good at listening to them (CCG average 93.7%, national average 91%).
- 89.2% said they found the receptionists at the practice helpful (CCG average 89.9%, national average 86.8%).

We spoke with two patients during the inspection. Both patients told us that staff were caring. However, both patients felt that they were not always listened to by their GP. We spoke to one of the GP partners about this. They told us that this had been discussed at practice meetings, where the lower scores had been attributed to doctors refusing to prescribe high risk medications such as benzodiazepines. However, no survey had been conducted to determine if this reasoning was correct.

Care planning and involvement in decisions about care and treatment

The patients we spoke to on the day told us they did not feel involved in decision making about the care and treatment they received. However, patients who completed comment cards 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 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, but results were below local and national averages. For example:

- 78.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86%.
- 76.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.9%, national average 81.4%).
- 82.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.4%, national average 84.8%).

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

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. A member of staff had taken on the role of carers lead and attended meetings with local carers' organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff were made aware via the computer system when a patient suffered a bereavement. We were told of occasions when reception staff had offered bereaved patients a private area away from reception to wait for their consultation, and had stayed with them and comforted them while they waited.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was part of the East Locality Community Integrated Team, which held weekly meetings with other professionals (such as social workers) to assess and meet the needs of vulnerable patients.

- The practice offered evening appointments on a Monday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS, and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice allowed a counsellor from a local mental health service to use a room at the practice without charge. The practice had a high number of patients with poor mental health.
- Homeless patients, travellers and asylum seekers could register at the practice. There were five homeless shelters in the practice catchment area, many of the residents of which were patients at the practice.

The practice did not have their own practice participation group (PPG). They were a member of the East Locality PPG in Sunderland; however none of the members of that group were patients at this practice. The practice told us they had taken steps, such as sending letters to patients and holding

an open evening, to try and encourage patients to join either the East Locality PPG or to begin one specific to the practice. We saw there was a poster in the waiting room encouraging patients to join.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with extended opening until 8pm on Mondays. Appointments were from 9am to 11am every morning and 4.30pm to 6pm in the afternoon. Extended surgery hours were 6.30pm to 8pm on a Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 77.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.2% and national average of 74.9%.
- 97.1% patients said they could get through easily to the surgery by phone (CCG average 79.3%, national average 73.3%).
- 76.8% patients said they always or almost always see or speak to the GP they prefer (CCG average 60.4%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We checked the practice's appointment system in real time and found that both urgent and routine appointments with a GP would be available the following day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However there were areas for improvement.

- While written complaints were fully investigated by the practice, information and guidance about how to complain was not available and accessible to everyone who used the service. The practice leaflet was the only document we saw which detailed how to make a complaint, yet it stated only that written complaints should be submitted to the practice manager. We saw

Are services responsive to people's needs?

(for example, to feedback?)

no other information which outlined the practice complaints procedure on display in the reception area.

The practice used NHS Choices as their website, and this did not detail the practice's complaints procedure.

- There was a designated responsible person who handled all complaints in the practice.

We saw that one written complaint had been received in the last 12 months. We saw that it had been satisfactorily handled, dealt with in a timely way, and there had been openness and transparency with dealing with the complaint. As the complaint concerned a patient who felt they were being made to wait longer than other patients, the learning identified was for clinicians to inform the

receptionists if appointments were running late so that this could be explained to patients. We were told that the practice had received other complaints verbally, but these had not been logged. Patients who complained verbally were told the complaints procedure by staff and were offered the opportunity to put the complaint in writing, with assistance from practice staff if required. We were told that verbal complaints were often resolved quickly by staff and patients rarely took the opportunity to put a complaint in writing. Patients we spoke to on the day of inspection told us they had never felt the need to complain, but would contact the practice manager if they did.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a mission statement for staff and patients, and staff we spoke to talked about making good patient care their priority. For patients the mission statement was:

- To improve health and wellbeing of patients by offering preventative medical practice and best advice.
- To be patient centred and to involve patients in decisions, especially about their own care.
- To support and co-operate with partners in the community.

The practice did not have a formal business plan but practice management told us that forward planning, including ongoing succession planning was regularly discussed at partner's meetings.

Governance arrangements

There were areas where governance arrangements needed to be improved, particularly concerning the identification of risks.

- There was no formal system for regularly checking that the registration and medical indemnity of the clinicians at the practice was up-to-date. This included locum doctors being used by the practice. On the day of our inspection we found that the medical indemnity cover for three members of staff had lapsed.
- There was no formally documented risk assessment of the amount and type of emergency medications stocked by the practice.
- An understanding of the clinical performance of the practice was maintained, but minor surgery was not audited to monitor infection rates or the quality of samples.
- There was no documented record of staff immunity status.
- Practice specific policies were implemented and were available to all staff in hard copies and on the computer shared drive. However, there was evidence that policies were not always adhered to. For example a member of staff had been recruited without an application form or interview in contradiction of the practice's recruitment policy.
- The strategy to address the low satisfaction scores on the National GP Patient Survey was based on

assumptions made by practice staff without input from patients. The learning identified was to wait to see if the scores remained low after the next survey, and for medical staff to undergo extra training if they did.

- Clinical and internal audit had been used to implement some improvements, but conclusions and learning drawn from two of the three audits undertaken in the past 12 months were non-specific.

Leadership and culture

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents, however these did not include systems to ensure staff had read safety alerts. Although staff told us they were occasionally unsure about what constituted a significant event, when unexpected or unintended safety incidents were raised the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held bi-monthly team meetings.
- Administrative staff had been given lead roles for each of the Quality and Outcomes Framework (QOF) targets and was responsible for organising the clinics related to these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged feedback from staff. They had gathered patients' feedback through the Friends and Family Test and the National GP Patient Survey. However, where results had been below average there had been no further attempt to seek feedback from patients to understand why.

- The practice had attempted to form their own patient participation group (PPG), however at the time of inspection there was not an active practice PPG. The practice was a member of the East Locality PPG, which was a group comprising patients from various surgeries across the locality, but no patients from the practice were members of this group.
- The practice did not have their own dedicated website. Instead they used their profile on NHS Choices. This contained two reviews, both negative.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff had suggested a system whereby they inform the GP when patients attended who would benefit from opportunistic monitoring of their blood pressure. The system has been adopted by the practice and has reduced the need for patients to be recalled. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area, such as the Community Integrated Care meetings which involved a weekly, multi-disciplinary review of the care of most vulnerable patients on the practice list.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Receiving and acting on complaints. How the regulation was not being met: The registered person did not establish and operate effectively an accessible system for identifying and receiving complaints by service users and other persons in relation to the carrying on of the regulated activity. Information and guidance about how to complain was not available and accessible to everyone who used the service. This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance. How the regulation was not being met: Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely such records as are necessary to be kept in relation to persons employed in the

Requirement notices

carrying on of the regulated activity, and the management of the regulated activity; and to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

This was in breach of regulation 17(2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Fit and proper persons employed.

How the regulation was not being met:

The registered person did not effectively operate recruitment procedures to ensure that persons employed were fit for the role they were due to undertake. An interview had not been held when a new member of staff was appointed, checks of the registration and indemnity cover of locum doctors had not been undertaken, documentation to show staff were fit to perform their roles (for example, copies of the immunisation status of clinical staff) were not kept and there was no regular review of the fitness of staff to perform their roles by checking professional registration and medical indemnity cover.

This was in breach of regulation 19 (1)(c)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.