

Colliery Medical Group

Quality Report

Silksworth Health Centre,
Silksworth,
Sunderland,
Tyne and Wear,
SR3 2AN

Tel: 0191 5210252

Website: www.collierymedicalgroup.nhs.uk

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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Colliery Medical Group	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colliery Medical Group on 5 January 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- The practice was integrated in the local community; managers were aware of the problems faced by some people and provided appropriate support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Managers were aware that waiting times for patients to access non-urgent counselling services were high and had looked into alternative options. Two counsellors from the Northern Guild for Psychotherapy and Counselling provided the service for patients as part of their study programme.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
 - Staff throughout the practice worked well together as a team.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure all staff receive training appropriate to their including infection control, information governance and fire safety.

In addition, the provider should:

- Put plans in place to develop the clinical audit programme and ensure clinical audit cycles are completed.

- Take action to improve the monitoring of and the delivery of recommended care and treatment for patients experiencing poor mental health.

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 good for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

There was evidence of effective medicines management. Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



Are services effective?

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

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment. However, staff had not received all training appropriate to their roles.

Data showed patient outcomes were below national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 84.6% of the points available. This was below the local and national averages of 95.7% and 93.5% respectively. Managers were aware of the areas where they needed to improve and following the inspection had taken steps to contact patients to invite them in for reviews where necessary.

Clinical audits were not routinely carried out to improve care, treatment and people's outcomes. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice scored well in the National GP Patient Survey from July 2015. Results showed most patients were satisfied with the care received. A high proportion of patients (89%) said the last GP they saw or spoke to was good at listening to them (this was comparable with the clinical commissioning group (CCG) and national average and 96% said the last nurse they saw or spoke to was good at listening to them (the CCG average was 94% and the national average was 91%).

Over 93% of respondents felt the nurse treated them with care and concern (in line with the CCG average but above the national average of 90%), although 79% of patients felt the GP treated them with care and concern (this was below the local and national averages of 88% and 85% respectively).

The practice was integrated in the local community and managers were aware of the problems faced by some people. A local food bank had been set up and people were able to leave donations at the practice for collection. Regular fundraising events were held in conjunction with the patient participation group (PPG).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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 and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

The practice's scores in relation to access in the National GP Patient Survey were below average. The most recent results (July 2015) showed that 54% patients said they usually waited more than 15 minutes after their appointment time compared to the CCG average of 20% and the national average of 27%; 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

Managers were aware of the concerns from patients about access and waiting times. They had made arrangements to ensure patients

Good



Summary of findings

were kept informed if appointments were running late, and had worked with the clinical staff to support them to manage their time. We found there were adequate appointments available but patients may have had to wait for two weeks to see a doctor of their choice.

Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the management team.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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 good for the care of older people.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9 percentage points above the local CCG average and 2.6 points above the national average. However, performance in relation to diabetes was below average; the practice achieved 79.1% of the points available compared to 93.5% locally and 89.2% nationally.

Good



Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes

Good



Summary of findings

in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 100% and five year olds from 93.2% to 98.6. The practice's uptake for the cervical screening programme was 79.9%, which was slightly below the clinical commissioning group (CCG) average of 81.6% and the national average of 81.8%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The practice was open between 8am and 6pm Monday to Thursday and between 8.15am and 6pm on Fridays. Appointments were available between 8.30am to 11.30am; then from 3pm to 5.30pm. The practice held an open surgery every Monday morning.

The practice had previously offered extended hours surgeries; this had been temporarily suspended until a third doctor was recruited. However, patients were still able to access GP services at a local health centre between 6pm and 8pm each weekday.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. Longer appointments for people with a learning disability were available, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment. The practice had recently signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

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).

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2014/15) showed the practice had not always achieved good outcomes in relation to patients experiencing poor mental health. The practice had obtained 50% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health, compared to 93% nationally. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 46.7%, compared to the national average of 88.5%.

Requires improvement



Summary of findings

What people who use the service say

We spoke with nine patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

No CQC comment cards were completed but we reviewed 56 practice comment cards which had been completed by patients prior to our inspection.

Patients were generally complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. However, several commented that they had to wait a long time for an appointment with GP of their choice.

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages in some areas but below average in relation to the appointments system. There were 115 responses (from 362 sent out); a response rate of 32%; which represented two per cent of the practice patient list.

- 79% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.
- 89% found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.

- 86% found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 80% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 65% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 54% usually waited more than 15 minutes after their appointment time to be seen compared with a CCG average of 20% and a national average of 27%.
- 58% felt they normally have to wait too long to be seen compared with a CCG average of 27% and a national average of 35%.

Managers were aware of the results from the survey and had begun to take action to address patients' concerns.

Areas for improvement

Action the service **MUST** take to improve

Ensure all staff receive training appropriate to their including infection control, information governance and fire safety.

Action the service **SHOULD** take to improve

Put plans in place to develop the clinical audit programme and ensure clinical audit cycles are completed.

Take action to improve the monitoring of and the delivery of recommended care and treatment for patients experiencing poor mental health.

Colliery Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Colliery Medical Group

Colliery Medical Group is registered with the Care Quality Commission (CQC) to provide primary medical services. The practice is located in the Silksworth area of Sunderland.

The practice provides services to around 5,200 patients from one location: Silksworth Health Centre, Silksworth, Sunderland, Tyne and Wear, SR3 2AN. We visited this address as part of the inspection. The practice is a single handed GP practice with one male GP. There is also one salaried (female) GP, two practice nurses (both female), a practice manager and eight staff who carry out reception and administrative duties. Following the inspection the practice advised us that the salaried GP is a partner. We informed the practice that they need to ensure the practice is correctly registered with CQC.

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is in line with national averages but is made up of a higher than average proportion of patients with a long standing health condition (62.3% compared to 54% nationally).

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 6pm Monday to Thursday and between 8.15am and 6pm on Fridays. Patients can book appointments in person, on-line or by telephone. Appointments were available between 8.30am to 11.30am; then from 3pm to 5.30pm. The practice holds an open surgery every Monday morning.

Patients are also able to access services at a local health centre between 6pm and 8pm on weekdays.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 5 January 2016. We spoke with nine patients and seven members of staff from the practice. We spoke with and interviewed two GPs, a practice nurse, the practice manager and three staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. No CQC comment cards had been completed but we reviewed 56 practice comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an error had been made in relation to an immunisation. The issue was reviewed and this resulted in further training for staff to help prevent a re-occurrence.

When there were unintended or unexpected safety incidents, people receive 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.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice.

Arrangements had been made which alerts were disseminated by the practice manager to the relevant clinical staff. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, for example, the GPs had all been trained to level three in children's safeguarding.

- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, no staff, other than the practice nurse, had received any infection control training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing 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.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and 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

Are services safe?

reception office. The practice had up to date fire risk assessments. However, a fire drill had not been carried out since 2012. The practice manager told us they had raised this with the building owners to be arranged as a matter of urgency.

- 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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. One of the practice nurses had been temporarily absent during the past few months. Arrangements had been made for other nursing staff to cover the absence and on some occasions locum staff were employed. At the time of the inspection the practice was in the process of recruiting a nurse practitioner.

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.
- Most staff had received annual basic life support training and there were emergency medicines available in the treatment room. Two newer members of the team had still to be trained.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). The Quality and Outcomes Framework is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 84.6% of the total number of points available, which was 8.9% below the England average. At 8.7%, the clinical exception reporting rate was 0.5% below the England average.

We discussed the QOF results and carried out a review of the data. This showed that the main areas where performance was below average, and where the practice lost the majority of points were as follows:

- Performance for diabetes related indicators was worse than the national average (79.1% compared to 89.2% nationally). For example, the percent of patients on the diabetes register, in whom the last blood pressure reading is 140/80 mmHg or less was 60%, compared to a national average of 78%
- Performance for mental health related indicators was below the national average (84.6% compared to 94.5% nationally). For example, the percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 46.7%, compared to the national average of 88.5%.

- However, performance in some areas, including for asthma and palliative care related indicators was better than the national average (100% compared to 97.4% nationally for asthma and 100% compared to 97.6% for palliative care).

The lead GP and practice manager told us they would carry out an immediate review and ensure the relevant patients were contacted to carry out reviews and/or implement care plans.

Clinical audits were not routinely carried out to improve care, treatment and people's outcomes. We saw a number of reviews of data (or first cycles of audits) had taken place; however only one of these had been repeated. The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet these 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 the revalidation of doctors. All staff (clinical and non-clinical) had had an appraisal within the last 12 months.
- Non clinical staff received some training including safeguarding and basic life support. Staff had access to

Are services effective?

(for example, treatment is effective)

and made use of e-learning training modules and in-house training. Over the past 12 months the practice had experienced a number of changes to the administrative team and several new staff had been employed. As a small team this had meant that the more experienced staff had spent time training newer staff. Consequently, some of the training was not up to date; this included infection control, information governance and fire safety.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice was aware that waiting times for patients to access non-urgent counselling services were high and had looked into alternative options. Two counsellors from the Northern Guild for Psychotherapy and Counselling provided the service for patients as part of their study programme. We saw records which showed many patients had benefitted from the service over the past couple of years.

The practice's uptake for the cervical screening programme was 79.9%, which was slightly below the clinical commissioning group (CCG) average of 81.6% and 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 screening.

Childhood immunisation rates for the vaccinations given were comparable with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 100% and five year olds from 93.2% to 98.6%. The flu vaccination rate for the over 65s was 71.3%, and for at risk groups was 51.2%. These rates were also comparable with the national averages of 73.2% and 52.2% 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 on 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

We did not receive any completed CQC comment cards. However, we reviewed 56 of the practice's own comment cards. These were mostly positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with nine patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice was integrated in the local community and managers were aware of the problems faced by some people. A local food bank had been set up and people were able to leave donations at the practice for collection. Regular fundraising events were held in conjunction with the patient participation group (PPG).

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 96% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about Essence, a local dementia support service and Sunderland Carers. There was a designated 'young people's corner' which contained information about sexual health and contact details for services offering advice and support.

Staff were aware that some patients faced financial difficulties. A local Citizens Advice Bureau had closed and

so staff had forged links with some charitable organisations. Patients were referred for example, to Christians Against Poverty and Stepchange (a debt management charity).

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; they were offered health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Appointments were available to book online.
- There were disabled facilities, hearing loop and translation services available.
- All patient facilities were on the ground floor and there was level access to the building.
- The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.

Access to the service

The practice was open between 8am and 6pm Monday to Thursday and between 8.15am and 6pm on Fridays. Appointments were available between 8.30am to 11.30am; then from 3pm to 5.30pm. The practice held an open surgery every Monday morning.

The practice had previously offered extended hours surgeries; this had been temporarily suspended until a third doctor was recruited. However, patients were still able to access GP services at a local health centre between 6pm and 8pm each weekday.

In addition to pre-bookable appointments that could be booked up to a month in advance, urgent on-the-day appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with some aspects of how they could access care and treatment was below local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 75%.

- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 54% patients said they usually waited more than 15 minutes their appointment time compared to the CCG average of 20% and the national average of 27%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.

The practice previously employed three permanent GPs, however, one of the GPs left during the summer of 2015. Attempts had been made to recruit a third GP but these had not been successful. At the time of the inspection we saw the practice was considering alternative options, including employing a nurse practitioner and a pharmacist. We found there were adequate appointments available but patients may have had to wait for two weeks to see a doctor of their choice.

Managers were also aware of the concerns from patients about waiting times. They had made arrangements to ensure patients were kept informed if appointments were running late, and had worked with the clinical staff to support them to manage their time.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- There was a complaints policy and procedures in place, which were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system Leaflets detailing the process were available in the patient waiting areas and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, a concern was raised about an incorrect prescription. Additional measures were put into place and staff were reminded to carry out checks on prescriptions before they were issued.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to 'work in partnership with our patients and to provide the best primary care services possible, working within local and national governance, guidance and regulations'.

- The practice had a mission statement, although this was not on display for patients to see. This was 'to improve the health, well-being and lives of those we care for'.
- Staff knew and understood the values of the practice.
- The practice had an informal business plan which reflected the vision and values. Succession plans for leaders were in place.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were regularly updated to reflect current arrangements.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit to monitor quality and to make improvements was underway. However, we only saw one example of a completed clinical audit, with evidence of improvements made. Managers showed us several other clinical audits which were underway but were at an early stage.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- records of verbal interactions as well as written correspondence were maintained.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice and managers 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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements and additions to the information leaflets and noticeboards in the waiting area had been implemented following discussion with the PPG.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met: Some staff had not received appropriate training to enable them to carry out the duties they were employed to do, including fire safety and infection control.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	Regulation 18 (2) (a).