

Deerness Park Medical Group

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Deerness Park Medical Centre on 7 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal incidents were maximised.
- Risks to patients were assessed and well managed.
- 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 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.
- 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.
- Patients were able to access appointments at times that were convenient. A wide range of extended hour's provision allowed patients access to GP services seven days a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs. For example, the practice implemented changes following suggestions from a local support agency for people with learning disabilities and was soon to refurbish the reception at Deerness Park to make it dementia friendly.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Summary of findings

There is one area of practice where the provider needs to make improvements.

The provider should:

- Improve the management of complaints in line with their agreed complaints policy.

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.

Good



- There was an effective system in place for reporting and recording significant events. Information about safety was highly valued and was used to promote learning and improvement.
- Lessons were shared to make sure action was taken to improve safety in the practice. For example, following significant events we saw that protocols and policies were reviewed and updated to ensure lessons were learned.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system, safeguarding leads were in place and appropriate recruitment checks had been undertaken prior to employing staff.
- Risks to patients were assessed and well managed. For example, the practice had a legionella assessment in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes in some areas were below local and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 88% of the points available. This was below the local and national averages of 96% and 94% respectively. However, for 10 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Clinical audits demonstrated quality improvement. Audit was clearly linked to guidelines and best practice.
- The practice had implemented their own emergency care plans, for example for patients needing end of life care. This

Summary of findings

ensured doctors at the practice and other health care services had the information needed to provide effective care for these patients. This also supported patient engagement in the care they received.

- 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 with multidisciplinary teams to understand and meet the range and complexity of people's needs. The practice was involved in a local initiative for patients at high risk of hospital admission; it was introducing weekly meetings to ensure these patients were provided with effective care.

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. We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the National GP Patient Survey showed that how patients rated the practice was generally in line with national averages. For example, Results showed that 94% of respondents had confidence and trust in their GP, compared to 95% nationally. Over 83% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 86%.
- Information for patients about the services available was available.
- They participated in the CCG led carers improvement scheme to promote wellbeing of carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, partners at the practice were very active in the local clinical commissioning group (CCG). The practice also participated in a number of local initiatives that reflected the needs of their population. For example, seven day a week access to appointments as part of a local access initiative to improve patient access.

Good



Summary of findings

- There were involved in local approaches to providing integrated person-centred care. For example, the practice was the only local practice involved in the 'boilers on prescription scheme' that aimed to improve the health of patients with some long term conditions by providing warm homes. They had also implemented their own emergency health care plans, for example for patients needing end of life care.
- The practice had recently been awarded a grant to refurbish the practice to make it more suitable for patients with dementia; they were taking expert advice to ensure any changes were appropriate.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- Patients could access appointments and services in a way and at a time that suited them. Extended hours appointments were available each weekday and on Saturday from 8am to 10am. They also participated in a local scheme that provided access to a local GP each weekday evening and on weekend mornings.
- A local support agency for people with learning disabilities had visited the practice and identified some good practice in relation to supporting patients with learning disabilities to access annual health checks.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. However, the practice was not recording all verbal complaints they received in line with their agreed policy.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice had an effective business plan which was regularly reviewed.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very active patient participation group (PPG) which influenced practice development. For example, improvements to access to the premises.
- There was a strong focus on continuous learning and improvement at all levels. For example, staff were supported with their development needs. We also saw that clinical audits and significant events were used as opportunities for learning and improvement.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP; there was a designated GP lead for palliative and elderly care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 97% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was comparable to the local clinical commissioning group (CCG) average of 99% and the national average of 98%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 69%, which was below the local national average of 73%.

People with long term conditions

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

Good



- Nursing staff and GP partners had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority for care and support by the practice. Weekly clinics for patients living with diabetes and asthma were held at the practice.
- The practice was part of a project and was about to start holding weekly multi-disciplinary team meetings for patients at high risk of being admitted to hospital.
- The practice was the only local practice involved in the 'boilers on prescription scheme' that aimed to improve the health of patients with some long term conditions by providing warm homes.
- One of the nurses was the designated lead for heart failure. They had developed close working relationships with the community and secondary providers of care that ensured effective support for patients.
- Nationally reported data showed that outcomes for patients with some long term conditions were lower and some were

Summary of findings

higher than average. For example, the practice had achieved 74% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was below the local CCG average of 93% and the national average of 89%. However, the practice achieved 100% of the points available for providing the recommended care and treatment for patients living with cancer and rheumatoid arthritis.

- 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.

Families, children and young people

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

- There were processes 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. The six week baby checks were carried out by a GP.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% (CCG average 96% to 100%) and for five year olds ranged from 94% to 99% (CCG average 92% to 99%).
- Urgent appointments for children under the age of two were available on the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was above the local CCG and national average of 97%.
- The practice's uptake for cervical screening was 82%, which was slightly below the local CCG average of 83% and in line with the national average of 82%.

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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours appointments each day. They were also part of a wider extended hours scheme that provided appointments every evening between 6pm and 8pm and on Saturday and Sunday mornings at a nearby health centre.
- Patients could order repeat prescriptions and book appointments on-line.
- Text message appointment reminders were available.
- Telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's and travel vaccinations were provided.
- The practice website provided a wide range of health promotion advice and information.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if required.
- A visit from a local support agency for people with learning disabilities found good practice around supporting patients with learning disabilities to access annual health checks. The practice took steps to encourage these patients to access

Good



Summary of findings

routine health checks and screening. They also found the practice could make improvements to the appointment process, the practice had responded to this and made changes to the appointment system.

- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice had an in-house counsellor that patients could self-refer to.
- 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.
- 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.
- The practice had acted upon the advice of a local learning disability group to improve access to the buildings and services.
- They had recently joined the Sunderland Safe Place scheme; this is a scheme for all vulnerable people and not limited to patients at the practice. Vulnerable people can ask for support and advice at any location that is part of the scheme.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data showed that outcomes for patients with mental health conditions were lower than average. The practice had achieved 69% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was below the local CCG average of 92% and the national average of 93%.
- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was above the local CCG average of 96% and the national average of 95%. However, only 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- All staff had undertaken dementia friendly training and the practice had recently been awarded a grant to refurbish the practice to make it more suitable for patients with dementia. This would include work to improve the flooring in the reception area, the practice were taking expert advice to ensure appropriate changes were made.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had an in-house counsellor that patients could self-refer to.
- 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing below the local and national averages in some areas. There were 345 forms sent out and 115 were returned. This is a response rate of 33% and represented 0.8% of the practice's patient list.

- 37% found it easy to get through to this surgery by phone (CCG average of 79%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

We reviewed 17 CQC comment cards all of which were positive about the standard of care received. They also described the practice staff as caring and helpful.

We spoke with six patients during the inspection; two were members of the patient participation group. All the patients said they were happy with the care they received. They said they thought the staff were understanding, friendly and that the practice was clean.

Areas for improvement

Action the service **SHOULD** take to improve

There is one area of practice where the provider needs to make improvements.

The provider should:

- Improve the management of complaints in line with their agreed complaints policy.

Deerness Park Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Deerness Park Medical Group

Deerness Park Medical Group is registered with the Care Quality Commission to provide primary care services for around 14,100 patients from two locations in Sunderland:

- Deerness Park Medical Centre, Suffolk Street, Sunderland, SR2 8AD.
- Bunny Hill Health Customer Services and Primary Care Centre, Hylton Lane, Downhill, Sunderland, SR5 4BW.

We visited both of the addresses as part of the inspection.

Deerness Park Medical Centre is based in purpose built premises. All reception and consultation rooms are fully accessible and on one level. There is on-site parking and disabled parking. A disabled WC is available.

Bunny Hill Health Customer Services and Primary Care Centre is located within purpose built premises in the Downhill area of Sunderland. The service shares the premises with a walk-in centre and several external services. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. A disabled WC is available.

The practice has six partners and three salaried GPs (six male, three female). The practice employs a practice manager, an operations manager, five practice nurses, four

healthcare assistants and 19 staff who undertake administrative or reception roles. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is an approved training practice where qualified doctors gain experience in general practice; there were no trainee GPs employed at the time of the inspection.

Deerness Park Medical Centre is open at the following times:

- Monday - 7:30am to 7pm
- Tuesday - 7:30am to 6pm
- Wednesday, Thursday and Friday - 8am to 6pm

The telephones are answered by the practice during these times.

Appointments are available at Deerness Park Medical Centre at the following times:

- Monday 7:30am - 12:30pm and 2pm - 7pm
- Tuesday 7:30am - 12:30pm and 2pm - 6pm
- Wednesday 7:30am - 12:30pm and 2:15pm - 5:30pm
- Thursday 8am - 12:30pm and 2pm - 5:45pm
- Friday 8:15am - 12:30pm and 2pm - 5:30pm

Bunny Hill Health Customer Services and Primary Care Centre is open at the following times:

- Monday - 8pm to 6pm
- Tuesday - 8pm to 7pm
- Wednesday, Thursday and Friday - 7:30am to 6pm
- Saturday - 8am to 10am

Appointments are available at the Bunny Hill Health Customer Services and Primary Care Centre at the following times:

- Monday 8:30am - 12:30pm and 2pm - 7pm
- Tuesday 8:30am - 12:30pm and 2pm - 7pm

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- Wednesday 7:30am - 12:30pm and 2:15pm – 5:30pm
- Thursday 7:30am - 12:30pm and 2pm – 5:30pm
- Friday 7:30am - 12:30pm and 2pm - 7pm
- Saturday 8am - 10am

In addition to the extended hours appointments each week day, the practice also participates in the locality extended hours scheme based at a local health centre. Patients can access a local GP between 6pm and 8pm Monday to Friday and from 9am to 2pm on Saturdays and Sundays.

The practice is part of NHS Sunderland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 74 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (64% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (48% compared to the national average of 60%).

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. This information is available on the practice's telephone message, website and the practice leaflet.

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 January 2016.

During our visit we:

- Spoke with a range of staff. This included three GPs, the practice manager, the operations manager, two practice nurses, a health care assistant, a receptionist and two members of the administration team. We also spoke with six patients who used the service, two of which were members of the patient participation group (PPG).
- Reviewed the personal care or treatment records of patients.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 17 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

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 for staff to use. Staff we spoke with were engaged with the process and were able to describe clearly the actions they had taken to report any significant events. Lessons from significant events were shared and we saw evidence that changes had been made to improve safety at the practice. For example, following one significant event the practice had updated their protocol to clarify the action to take if blood was found in urine samples.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. They had robust 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. Staff were also kept informed of the actions taken by the practice when they were involved in a significant event.
- The practice carried out a thorough analysis of their significant events. A summary of this analysis was shared with the patient participation group (PPG).
- The practice used SIRMS. This was the local incident reporting system and was used by the practice to report all the significant events to encourage shared learning across the local area. At the time of the inspection only the practice manager recorded significant events on SIRMS; the practice was training additional staff to use the system.
- The practice had a thorough and effective system for managing safety alerts. All of these alerts were stored centrally and the practice manager monitored who had read each alert. Alerts were discussed at the fortnightly clinical meetings and had been used as a trigger for clinical audit. The GP lead for the topic of the alert was responsible for leading any actions required. Copies of

alerts were also filed to ensure they were always available. We saw evidence that safety alerts had resulted in change. For example, prescribing methods were in line with national guidance.

Overview of safety systems and processes

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

- 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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- A notice in the waiting room advised patients that nurses or health care assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. The practice nurse was the infection control clinical lead. They 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. For example, foot operated bins had been provided for clinical rooms and new cleaning schedules had been introduced for reusable clinical equipment. We found that the disposable curtains used at the practice were not replaced in line with the latest guidance. We discussed this with the practice manager; they told us they would ensure the curtains were replaced in line with the guidance

Are services safe?

- We reviewed three personnel files and found 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.
- The practice had a system 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.

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 which identified local health and safety representatives. A practice health and safety group had recently been established. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 (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.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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. The clinical rooms were also fitted with panic alarms.
- All staff received annual basic life support training and there were emergency medicines available in the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of 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 was due to be reviewed in April 2016; it included emergency contact numbers for staff.

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.
- Guidelines were discussed at the fortnightly partners' meetings. The practice regularly used NICE guidelines as the basis for clinical audit to improve patient outcomes.

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 showed the practice had achieved 88% of the total number of points available compared to the local clinical commission group (CCG) average of 96% and the national average of 94%. At 10.3%, their clinical exception reporting rate was 0.5% below the local CCG but 1.1% above the national average. 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.

Data from 2014/2015 showed;

- The practice had achieved 100% of the points available for 10 of the 19 clinical domains, including the asthma, cancer, dementia and depression domains.
- The percentage of patients with hypertension having regular blood pressure tests was above to the CCG and national averages (100% compared to the CCG average of 99% and the national average of 98%).
- Performance for diabetes related indicators was below average (74% compared to the CCG average of 94% and the national average of 89%). For example, the

percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 81% compared to the national average of 88%.

- Performance for mental health related indicators was below average (69% compared to the CCG average of 92% and the national average of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 80% compared to the national average of 88%.

The practice was an outlier for two QOF clinical targets.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months. The practice achieved 61% compared to the national average of 90%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months. The practice achieved 87% compared to the national average of 94%.

We discussed the practice performance against these targets during the inspection. The practice was not aware of the difference in their performance compared to the national averages, however, they said they had experienced difficulties in obtaining the information required for those population groups and told us of previous coding issues. They agreed that steps to improve the information recorded would be taken.

Clinical audits demonstrated quality improvement.

We saw evidence that the practice used clinical audits effectively and that they were linked the improving patient outcomes.

- Eight two cycle clinical audits had been completed in the last 12 months where the improvements were implemented and had been monitored. These audits were based upon best practice and national guidelines. One had taken place following a significant event. The outcomes of clinical audits were routinely discussed at practice meetings and used to facilitate learning. For example, following a recent audit related to diabetes the practice had an in house education session that resulted in an increase in the number of patients who had been reviewed in line with guidelines. The practice

Are services effective?

(for example, treatment is effective)

had also completed five pharmacist led reviews with input from one of the GP partners. These were single cycle audits where the impact of changes made had not yet been monitored

- The practice participated in local audits. For example, the practice had participated in four clinical audits as part of a local CCG scheme.
- Findings from audits were used by the practice to improve services. For example, a practice led audit had resulted in two doctors ceasing to provide a service as they became aware they did not provide this service in sufficient numbers to remain competent. This demonstrated a commitment to providing safe and effective services for patients. We also saw evidence that the practice had changed prescribing practices and introduced the use of templates to improve their processes for inviting patients to appointments.

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 updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings. The nurses at the practice attended a local practice nurse link meeting each month which provided external support and advice.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and the local CCG's monthly training programme.
- 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 had an appraisal within the last 12 months.

- Staff were given the opportunity to develop, for example all of the healthcare assistants had been trained at the practice and had previously worked as receptionists. One of the healthcare assistants was currently working toward completing the recently introduced Care Certificate which ensured consistent standards in training for health care assistants.

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 and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had implemented their own emergency health care plans, for example for patients needing end of life care. This ensured doctors at the practice and other health care services had the information needed to provide effective care for these patients.
- 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- The practice was part of a local initiative which involved holding weekly MDT meetings with a wider group of external agencies for those at high risk of hospital admission. An emergency health care plan was put in place for those patients identified, to support care that was more effective and to reduce the rate of subsequent readmission to hospital.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.

- 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. The health care assistants at the practice provided smoking cessation advice. Patients were signposted to the relevant services if required.
- The practice had a 'one stop shop' focus for patient care. For example, the healthcare assistant appointments schedule had regular gaps so that if a patient needed a blood test it could be taken that day. This ensured that patients had blood tests quickly and reduced the number of patients who had to return to have a blood sample taken.

- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 82%, which was comparable to CCG average of 83% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available; they also produced a brief leaflet to be given to patients following their cervical screening test with information on the test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

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 95% to 99% (CCG average 97% to 100%) and for five year olds ranged from 93% to 99% (CCG average 92% to 99%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Flu vaccination rates for the over 65s were 69%, and for at risk groups 42%. These were below the national averages of 73% and 53% 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 saw that 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.
- The practice had recently joined the Sunderland Safe Place scheme; this is a scheme for all vulnerable people and not limited to patients at the practice. Vulnerable people can ask for support and advice at any location that is part of the scheme. Staff had received training to support them in carrying out this role.

Most of the 17 Care Quality Commission comment cards we received were positive about the service experienced. We spoke with six patients, they said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2015 showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were mixed when compared to the local and national averages. For example:

- 87% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 84% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 80% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 90% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 97% said they had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 comments cards we received was also positive and aligned with these views.

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

For example:

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%).
- 91% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice sent the local CCG information leaflets to patients with a learning disability being invited for a health check. This made sure patients had the information they needed to be fully involved in the appointment. They also used easy to read letters to invite patients with learning disabilities for health check appointments.

Are services caring?

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 was information in the waiting area on support for people experiencing loneliness and memory problems.

The practice's computer system alerted GPs if a patient was also a carer. When a new patient registered with the

practice they were asked if they were carers. Information was available to direct carers to the various avenues of support available to them. For example, information to support carers was available on the practice website.

Staff told us that if families had experience 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. For example, the practice had an in-house counsellor that patients could self-refer to.

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 their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

Partners at the practice were actively engaged with the CCG. For example one partner was the intermediate care lead and until recently was the clinical vice chair, another partner was the urgent care lead. The practice manager was the temporary executive manager. This ensured the practice was able to shape the local strategic agenda and provide the services that reflected the needs of their population.

They participated in a number of local enhanced services and initiatives that reflected the needs of their population.

- The patients most at risk of admission to hospital were identified by the practice, care plans were created and a new weekly multi-disciplinary team meeting coordinated their management to support effective care and reduce the rate readmission to hospital.
- The practice was the only local practice involved in a 'boilers on prescription scheme' that aimed to improve the health of patients with some long term conditions by providing warm homes. Initial analysis showed a reduction in the number of primary care appointments and a reduction in prescribing costs for patients who were in this scheme. The project was still ongoing and further work was needed to determine if the scheme was effective.
- Patients had access to extended hours appointments six days a week; they also had access to a locality GP seven days a week.
- The practice had implemented their own emergency health care plans, for example for patients needing end of life care. This ensured doctors and other health care services had the information needed to provide effective care for these patients
- All staff had undertaken dementia friendly training and the practice had recently been awarded a grant to refurbish the practice to make it more suitable for

patients with dementia. This would include work to improve the flooring in the reception area, the practice were taking expert advice to ensure any changes were appropriate.

- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children under two and those with serious medical conditions.
- Patients were able to receive those travel vaccinations which were available on the NHS.
- There were disabled facilities and translation services were available. A hearing loop was due to be provided at the Deerness Park Medical Centre, one was available at the Bunny Hill Health Centre.
- The practice had recently joined the Sunderland Safe Place scheme; this is a scheme for all vulnerable people and not limited to patients at the practice. Vulnerable people can ask for support and advice at any location that is part of the scheme. A picture sheet was available on reception to help vulnerable people communicate with reception staff, who would be their first point of contact.
- A local support agency for people with learning disabilities had visited the practice and identified some good practice in relation to supporting patients with learning disabilities to access annual health checks. The practice took steps to encourage these patients to access routine health checks and screening. They also found the practice could make improvements to the appointment process, the practice had responded to this and made changes to the appointment system.
- They participated in the CCG led carers improvement scheme to promote wellbeing of carers.

Access to the service

Deerness Park Medical Centre was open at the following times:

- Monday - 7:30am to 7pm
- Tuesday - 7:30am to 6pm
- Wednesday, Thursday and Friday - 8am to 6pm

When the practice was closed patients were directed to the NHS 111 service. This information was available on the practice's telephone message, website and the practice leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

Appointments were available at Deerness Park Medical Centre at the following times:

- Monday 7:30am - 12:30pm and 2pm - 7pm
- Tuesday 7:30am - 12:30pm and 2pm - 6pm
- Wednesday 7:30am - 12:30pm and 2:15pm - 5:30pm
- Thursday 8am - 12:30pm and 2pm - 5:45pm
- Friday 8:15am - 12:30pm and 2pm - 5:30pm

Bunny Hill Health Customer Services and Primary Care Centre was open at the following times:

- Monday - 8pm to 6pm
- Tuesday - 8pm to 7pm
- Wednesday, Thursday and Friday - 7:30am to 6pm
- Saturday - 8am to 10am

Appointments were available at the Bunny Hill Health Customer Services and Primary Care Centre at the following times:

- Monday 8:30am - 12:30pm and 2pm - 7pm
- Tuesday 8:30am - 12:30pm and 2pm - 7pm
- Wednesday 7:30am - 12:30pm and 2:15pm - 5:30pm
- Thursday 7:30am - 12:30pm and 2pm - 5:30pm
- Friday 7:30am - 12:30pm and 2pm - 7pm
- Saturday 8am - 10am

In addition to the extended hours appointments each week day the practice also participated in an extended hours scheme based at a local health centre. Patients could access a local GP between 6pm and 8pm Monday to Friday and from 9am to 2pm on Saturday and Sunday.

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

- 79% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 75%).
- 37% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 60%).

- 50.8% usually wait 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%)

They had recently undertaken an audit of waiting times following the national survey that showed 80% of patients were seen within 10 minutes of their appointment time. The patient participation group (PPG) had planned work to increase patient awareness of appointments available outside of the normal opening times.

The practice had taken steps to address some of these issues raised by the national survey. For example, doctors had started to use mobile phones to contact patients to ensure phone lines were free for incoming calls to the practice. They had also introduced a separate line for ordering repeat prescriptions.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was on display in reception and a complaints leaflet was available. Information on how to complain was also in the practice leaflet which was easily available in the waiting area.

We looked at the seven complaints received in the last 24 months and found that these were dealt with in a timely way and with openness and transparency. The practice reviewed written complaints received annually; the last review had been shared with the PPG. However, the practice did not always record the verbal complaints received in line with their agreed policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a standard letter that was sent to patients was updated to ensure it reflected current guidance and practice.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a set of visions and values which were displayed in each of the clinical rooms and on the practice website; staff knew and understood the values. For example, the practice was committed to empowering patients to take control and make decisions about their own care.
- The practice had a robust strategy and supporting business plan which reflected the vision and values; these were regularly monitored. This plan was reviewed every six months.
- The practice had undertaken a review of staffing levels in August 2015 to understand if the current staffing levels were appropriate to the practice list size.
- The practice were accredited Investors in People. Investors in People is a scheme that is used to demonstrate effective management and that an employer is committed to staff development.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Each of the partners had a lead area, for example partners had lead roles in care of the elderly and safeguarding. Nursing staff also had lead roles, for example, heart failure and infection control.
- Practice specific policies were implemented and these were easily accessible to staff.
- We saw evidence that the practice Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored. However, some areas performance could be improved.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice partners were all involved in the management of safety alerts. This ensured that risks to patients were reduced.

Leadership and culture

The partners 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 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.

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

- Staff told us the practice held regular team meetings. Staff told us how issues raised at the team meetings were also discussed at other relevant meetings and they received feedback on any discussion and actions taken. Staff felt empowered and supported by the practice. Positive and supportive working relationships were evident during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. 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.
- The practice demonstrated their open and honest culture by sharing the outcomes and analysis to significant events with the patient participation group.
- In February 2015 the practice had been visited by an organisation whose purpose is to speak of the needs of people who use health and social care services. They found that patients were actively involved at the practice and that there was a high level of staff satisfaction at the practice

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested improvements to access to the building at Deerness Park which had been implemented. They had also suggested the provision of high seat chairs with arm rests at both sites, which had since been provided. The PPG produced regular newsletters for patients; these were available in the waiting areas. The PPG had undertaken a patient survey in October 2015 for the practice. Actions had been agreed following this survey. For example the PPG would be including information on the extended hour's services available in their next newsletter to raise awareness.
- They 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

- The practice regularly supported local health related projects. For example, the practice was the only local practice involved in a 'boilers on prescription scheme' that aimed to improve the health of patients with some long term conditions by providing warm homes. Initial analysis showed that a reduction in the number of primary care appointments and a reduction in prescribing costs for patients who were in this scheme. The project was still ongoing and further work was needed to determine if the scheme was effective.
- The practice manager had also been a central to the development of a local extended hour's scheme that allowed patients to access to a local GP seven days a week.
- The practice manager was currently working to develop a new service for veterans that would enable practices to offer structured support for veterans in line with the local health and wellbeing strategy. This was going to be supported by a local veterans association.
- The practice participated in local audits and benchmarking to identify and understand their performance, and identify areas where they could improve.