

Dr Somesh Chander

Quality Report

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Date of inspection visit: 7 June 2016
Date of publication: 31/08/2016

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 a previous announced inspection of this practice on 23 June 2015. Breaches of legal requirements were found. Overall, we rated the practice as requires improvement. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements set out in the Health and Social Care Act (HSCA) 2008.

We undertook this comprehensive inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Somesh Chander on our website at www.cqc.org.uk.

Overall, the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had improved access to training to provide them with 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had taken action to address the concerns raised at their previous CQC inspection. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The systems they had in place for learning from significant events were satisfactory and showed evidence of continuous improvement. They had showed continuous improvement in the way they addressed the concerns raised at their previous CQC inspection, which took place in June 2015.

There were also areas where the practice should make improvements. The practice should:-

- Review their approach to audit to ensure there is a closer link between choices of audit topic and improving outcomes for patients.

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 practice had taken action to address the concerns raised during our previous inspection in June 2015. They had started to implement systems that would support them to demonstrate a safe track record. This included improved arrangements:

- For reporting and recording significant events.
- We found the practice had implemented systems to ensure patient safety alerts were noted by clinical staff, any action required was discussed at team meetings and appropriate action was taken.
- To ensure an environment that was clean and free from infections.
- For safeguarding children and vulnerable adults.
- For offering a chaperone service that safeguarded patients and staff.
- To demonstrate staff were of good character and suitable for the role in which they were employed through the recruitment of staff members and maintenance of personnel files.
- For dealing with emergencies and major incidents.
- Risks to patients were assessed and well managed.

We also found:

- The way the practice managed medicines in the practice kept patients safe.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems and processes to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

The practice had taken action to address the concerns raised during our previous inspection in June 2015:

- We found the practice had made improvements to their approach to appraisal.
- Staff now had access to a wider range of training.

Good



Summary of findings

We also found:

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or above average compared to the national average. Improvements had been made to ensure patients were called or recalled for regular health checks and reviews.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audit demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with national and local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had taken action to address the concerns raised during our previous inspection in June 2015. They had an improved process for handling complaints. The practice had made arrangements for patients to access a female GP for those patients who preferred to. Patients could see a female GP at another local practice.

We also found:

- Practice staff were aware of but had not formally reviewed the needs of their local population. They had engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They participated in the local urgent care vanguard scheme.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



Summary of findings

- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

The practice had taken action to address the concerns raised during our previous inspection in June 2015. They had demonstrated improvements in a number of areas, including management of safety incidents and information; management of complaints; infection control; and risk management.

We also found:

- There was a practice business plan in place to consider future options for sustainability of the practice. The practice mission statement was to ensure patients had a good experience both when contacting and being seen in the practice, so they felt supported, listened to and viewed as an individual.
- We found the practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The practice leadership encouraged a culture of 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 proactively sought feedback from staff and patients, which it acted on. There was a patient participation group which met regularly.
- We were satisfied that the systems the practice had in place for learning from significant events was satisfactory and showed evidence of continuous improvement. They had showed continuous improvement in the way they addressed the concerns raised at their previous CQC inspection, which took place in June 2015.

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.

- 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. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice 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.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- 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.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 91.9%, which was well above the national average of 81.8% and the CCG average of 81.9%.
- 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 identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Tuesday evenings until 7pm for working patients who could not attend during normal opening hours.
- 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.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

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.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, 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



Summary of findings

- 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.

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).

- 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.

Good



Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 89.3%). This was similar to the local clinical commissioning group (CCG) average of 89.4% and the England average at 85.1%. There were 315 survey forms distributed for Dr Somesh Chander and 95 forms were returned. This is a response rate of 30.2% and equated to 5.4% of the practice population.

Of those patients who responded:

- 86.8% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 83% and a national average of 79.3%.
- 99.3% found it easy to get through to this surgery by phone. This compared with a CCG average of 81.3% and a national average of 73.3%.
- 98% found the receptionists at this surgery helpful. This compared with a CCG average of 88.6% and a national average of 86.8%.
- 96.5% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 79.8% and a national average of 76.1%.
- 100% said the last appointment they got was convenient. This compared with a CCG average of 93.6% and a national average of 91.8%.
- 99.5% described their experience of making an appointment as good. This compared with a CCG average of 78% and a national average of 73.3%.
- 94% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 67.6% and a national average of 57.7%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 31 CQC comment cards from patients at the main surgery. All the comments we received were positive about the service

experienced. We received nine comment cards from patients at the branch surgery in Boldon. These were mostly positive about the service received, but one patient did mention they were not happy with the timing of surgeries at the branch surgery. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. In particular patients commented positively on staff, the ease of getting an appointment, the cleanliness of the practice and their satisfaction with the treatment received. The following words were used to describe staff; helpful, polite, professional and friendly.

We also spoke with two patients, of which both were members of the patient participation group. They all told us overall they were satisfied with the healthcare they had received from the practice.

This was also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices).

In February 2016, 100% of patients completing the test said they were 'extremely likely' (14 patients) to recommend the service to family and friends.

In March 2016, 88.9% of patients completing the test said they were either 'extremely likely' (six patients), 'likely' (two patients) to recommend the service to family and friends. One patient said they were neither likely nor unlikely to recommend.

In April, 85.7% of patients completing the test said they were either 'extremely likely' (three patients) or 'likely' (three patients) to recommend the service to family and friends. One patient said they were neither likely nor unlikely to recommend.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Review their approach to audit to ensure there is a closer link between choices of audit topic and improving outcomes for patients.

Dr Somesh Chander

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

The team included a specialist adviser GP.

Background to Dr Somesh Chander

The Dr Somesh Chander practice is located in South Tyneside, and has surgeries in South Shields and Boldon Colliery areas. The practice provides services to around 1762 patients of all ages. The practice provides services from the following addresses, which we visited during this inspection:

- Flagg Court Health Centre, Flagg Court, South Shields, Tyne and Wear, NE33 2LS
- The Surgery, 43 East View, Boldon Colliery, Tyne and Wear, NE35 9AU

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

The practice provides a range of services and clinics, including for example, for patients with asthma, diabetes and heart failure. The practice consists of one GP (who is male), a practice manager who was seconded from another practice to offer administrative and management support, a practice nurse, a healthcare assistant and a small team of administrative and reception staff.

The surgery opening times for Dr Somesh Chander at Flagg Court Health Centre are :

Monday 9:00 - 6:00

Tuesday 9:00 - 6:00

Wednesday 9:00 - 7:00

Thursday 9:00 - 6:00

Friday 9:00 - 6:00

Saturday Closed

Sunday Closed

The surgery opening times for Dr Somesh Chander at the Surgery, Boldon Colliery are:

Monday 15:00 - 17:00

Tuesday 08:30 - 10:30

Wednesday 08:30 - 10:30

Thursday 08:30 - 12:00

Friday 15:00 - 17:00

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Medical Services Limited. During the normal contracted core hours of 8am to 9am and 6pm to 6:30pm, the practice has made arrangements for the out of hour providers to deliver services to their patients.

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

The practice's population includes more patients aged 65 and over than the average for other practices in England. The average male life expectancy is 76 years, which is three years lower than the national average of 79 years. The average female life expectancy is 81, which is two years lower than the England average of 83 years.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in June 2015 after which the practice was rated as requires improvement overall. We rated the practice as inadequate for providing safe services; requires improvement for providing effective and responsive services and being well-led; and good for providing caring services.

The purpose of this most recent inspection was to check that improvements had been made.

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.

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 June 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse, healthcare assistant and administration and reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record

When we inspected the practice in June 2015 we found:

- The practice was unable to provide documentary evidence as to how they used information to routinely identify risks and improve quality in relation to patient safety.
- While the practice had a process in place for reporting events, incidents and accidents, it was evident the system did not effectively consider in enough detail the potential learning from these to lead to continuous improvement in patient safety.
- The practice did not demonstrate to us they had managed safety incidents consistently over time or evidence a safe track record. We found that arrangements to manage patient safety and evidence a safe track record were not robust.

During the inspection in June 2016, we found the practice had:

- Improved their approach to significant events. We saw significant events were discussed at the team meeting. The practice used the local on-line incident reporting system Safeguard Incident and Risk Management System (SIRMS) to record all significant events. The amount of detail recorded relating to significant events had increased. The number and range of significant events had increased. We found staff knew how to raise significant events and were able to tell us about improvements made as a result of incidents.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice recognised further improvements could be made to ensure the system for significant events was sustainable and that it routinely helped the practice to improve. However, we found the practice had implemented good baseline processes to support this.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- For example, the practice had discussed an incident where on discharge from hospital a patient was not referred for district nurse services as expected. They followed this up with the relevant services, to ensure the patient's needs were met.

When we inspected the practice in June 2015 we found no documentary evidence that the national patient safety alerts were received and acted upon to ensure staff were aware of any necessary action they needed to take.

During the inspection in June 2016 we found the practice had implemented assurance systems to ensure patient safety alerts were noted by clinical staff, any action required was discussed at team meetings and appropriate action was taken. We saw evidence to confirm this system was in place and operational, through records of patient safety alerts and notes of staff meetings.

During the inspection in June 2015, we found systems and processes were not in place to ensure patients were kept safe. We identified concerns with risk management; recruitment processes; cleanliness and infection control; the arrangements to deal with emergencies and major incidents; staff training; and, a lack of effective governance. The practice could therefore not demonstrate a consistent safe track record over the long term.

During the inspection in June 2016 we found the practice had addressed the areas of concern and had started to implement systems that would support them to evidence a safe track record.

Overview of safety systems and processes.

When we inspected the practice in June 2015 we identified some concerns in relation to safety systems and processes. This included :

- Not all staff who undertook a chaperone service had been subject to a police records check, known as a disclosure and barring (DBS) check.
- There was a poor audit trail of the use of blank prescriptions.
- The procedure for recruiting staff was not safe.
- The practice did not have processes in place to ensure cleanliness of the practice and good infection control procedures.

Are services safe?

- There was no up-to-date business continuity plan for dealing with a range of potential emergencies that could impact on the day-to-day operation of the practice. The practice had not recognised, assessed or managed the risks associated with anticipated events and emergency situations.

During the inspection in June 2016, we found the practice had addressed these concerns and taken action to improve.

Reliable safety systems and processes including Safeguarding

The practice had addressed the concerns about the chaperone service we identified at the June 2015 inspection. At the June 2016 inspection we found only clinical staff were now asked to chaperone for the GP. These staff had been subject to a DBS check to ensure they were suitable for this role. Non-clinical staff no longer provided a chaperone service, and had therefore not been subject to a DBS check. A notice in the waiting room advised patients that chaperones were available if required.

We also found :

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GP 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 on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level three.

Cleanliness and infection control

We found the practice had made improvements to assure themselves of the cleanliness of the practice and the effectiveness of infection control procedures. In June 2016 we found:

- The practice provided us with evidence they assured themselves of the quality and robustness of cleaning carried out. There was a cleaning schedule in place, which set out the cleaning tasks to be undertaken and the frequency of these tasks.
- They had purchased new cleaning equipment to ensure appropriate separation of cleaning equipment between different areas of the practice.
- There were now copies kept of the healthcare waste pre-acceptance audits for the main surgery and branch location.
- The provider had undertaken an infection control audit in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- There were legionella risk assessments in place for both the main surgery at Flagg Court and the branch surgery at Boldon Colliery. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- However, there were still some minor areas for improvement identified at the branch surgery. Although the practice maintained a record of what tasks the cleaner carried out, they did not maintain a record when other staff completed cleaning tasks at the branch surgery. The practice addressed this during the inspection by creating a template for staff to complete when they carried out cleaning tasks. We also noted the flooring in the treatment room at the branch surgery was not sealed appropriately and had started to lift at the seam, which ran through the middle of the room. There were some cleaning products left in the patient toilet that could pose a risk to younger patients.

Medicines management

- We found the practice had addressed the concern relating to the security of blank prescriptions. These were now monitored and were stored securely to reduce the risk of theft or misuse.

We also found:-

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Staffing and recruitment

Improvements had been made to the procedures for safely recruiting staff.

- A full record was maintained to demonstrate the practice recruited staff of good character, had the relevant qualifications, competence, skills and experience necessary and were capable of carrying out the role for which they were employed.
- We reviewed four 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 checks through the Disclosure and Barring Service.

We also found:

- Arrangements were in place for short term 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 enough staff were on duty

Monitoring risks to patients

Risks to patients were assessed and well managed.

- During the June 2015 inspection there were a number of health and safety concerns the practice had identified at the time of the inspection, but had not had time to address.

During the inspection in June 2016 we saw evidence the practice had addressed all the health and safety concerns

identified. They had put in place and followed an action plan to help them address the issues previously identified. The health and safety policy had been reviewed in February 2016.

Overall, we found:

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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.

Arrangements to deal with emergencies and major incidents

At the June 2016 inspection we found the practice now had adequate arrangements in place to respond to emergencies and major incidents.

- There was an up-to-date business continuity plan for dealing with a range of potential emergencies that could impact on the day-to-day operation of the practice. The practice had recognised, assessed or managed the risks associated with anticipated events and emergency situations.

We also found the practice had adequate arrangements in place to respond to emergencies and major incidents.

- The practice had purchased an emergency oxygen pack for the branch surgery. The arrangements for accessing oxygen in an emergency at the main surgery at Flagg Court had been clarified, and staff were now familiar with where and how they could access this. There was a shared defibrillator at Flagg Court Health Centre, which was maintained by NHS Property Services on behalf of all practices based there. The practice had implemented an annual check to ensure this was operational and fit for use. There was no defibrillator available to the branch surgery. The practice had considered this, but in light of the small number of hours the location was open and the future anticipated changes to the practice, they had decided not to purchase one. They told us they would keep this under review.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were emergency medicines available in the treatment room, a first aid kit and accident book were 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 stored securely.

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 patients' 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

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 89.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the national average of 94.8% and the local clinical commissioning group (CCG) average of 94.4%. This was also lower than the previous year's performance of 92.6% overall. However, the QOF indicator set had changed between the 2013/14 and 2014/15 years. The GP told us they continued to monitor their performance against the QOF indicators to identify ways they could improve the care offered to patients. Since the last inspection, they had introduced a new call and recall system for patients who required a regular review. Patients were now recalled in their birth month. Monthly checklists were printed off to help staff recall patients for appropriate regular health reviews. This also helped to ensure patients could have all their health needs considered within one set of appointments, if they had multiple long term conditions. They told us they expected this to have a positive impact on the performance in QOF. The practice anticipated achieving 100% of the QOF for the 2015-16 year, but these results were not yet confirmed.

The practice had 8.6% clinical exception reporting for 2014-15. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

Although the practice had lower than average performance on the 2014/15 QOF, the practice was not a statistical outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed;

- For nine of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. The practice achieved 99% of the points available. This compared to an average performance of 89.9% across the CCG and 89.2% national average. For example, the percentage of patients on the diabetes register who had an influenza immunisation was 96%, compared to a CCG average of 94.6% and a national average of 94.5%. The percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90%, which was slightly lower than the CCG average of 91.3%, but higher than the national average of 88.3%.
- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.4% across the CCG and nationally. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 90.7%, this compared to a CCG average of 73.2% and a national average of 75.4%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was higher than the national average. 90% of patients had a reading measured within range, compared to a CCG average of 84.8% and 83.7% nationally.
- The summary performance for mental health related indicators was higher than the CCG and national average. The practice achieved 95% of the points available. This compared to an average performance of 93.2 % across the CCG and 92.8% national average. For the practice, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national and CCG average of 88.5%.

Are services effective?

(for example, treatment is effective)

- The practice had identified 1.4% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was lower than the national average at 76.5% (compared to a CCG average of 84.5% and a national average of 84%). This was also lower than the previous year's performance of 81.3% on this indicator. The GP told us they continued to monitor their performance against the QOF indicators to identify ways they could improve the care offered to patients. They provided us with information on their performance in 2015-16, although this was yet to be verified or published. This showed performance had improved to 81% of patients who had been reviewed.

At the June 2015 inspection, the practice had completed one full audit cycle over the last year. Other audit work had been undertaken but these did not demonstrate the full audit cycle had been completed. During the inspection in June 2016 we found:

- One clinical audit had been carried out since the last inspection. This was a completed audit cycle, where the improvements made were implemented and monitored. However, we found the practice focused on audits relating to prescribing trends and improved prescribing data. The practice did not demonstrate they had considered how they could more closely link the choice of audit topic to improving outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the needs of patients prescribed anticoagulants to ensure medicines were appropriately prescribed.

Effective staffing

When we inspected the practice in June 2015 we found staff had not been supported to receive updates and training to ensure they had the skills and knowledge to deliver effective care and treatment safely. There was no planned induction process for staff and no structured training programme. We saw not all staff had received

training in areas such as infection control, health and safety and equality and diversity. We found although staff appraisals had taken place in the past it was some 18 months since the last appraisal.

During the inspection in June 2016 we found the practice had made improvements to their approach to appraisal and staff training. For example:

- We saw evidence the practice had taken action to address the previous shortfalls in staff training, for example, by providing staff with opportunities for infection control, health and safety and equality and diversity training.
- 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. There was now an induction checklist in place for new members of staff.
- We saw evidence appraisals for staff had been conducted within the last year.
- Staff were offered the opportunity to attend clinical meetings at another larger practice locally. This decreased the risk of isolation for clinicians and increased the opportunities to share knowledge and identify good practices.

We also found:

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received training that included: safeguarding, information governance and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Childhood immunisation rates for the vaccinations given were slightly lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 93.3% and five year olds from 75% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 84.9% to 99.4% and five year olds from 91.5% to 100%. This data related to the period 1 April 2014 to 31 March 2015. The previous year's data (April 2013–March 2014) showed the practice had performed well historically. The GP told us they had improved their performance within the last year (April 2015 to March 2016) and were expecting much improved results when this data was published.

The practice's uptake for the cervical screening programme was 91.9%, which was higher than the national average of 81.8% and the CCG average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All the 40 patient Care Quality Commission comment cards we received were 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 spoke with two members of the patient participation group. 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 results were slightly lower but broadly in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example, of the patients who responded:

- 87.8% said the GP was good at listening to them compared to the CCG average of 91.6% and national average of 88.6%.
- 85.1% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.5% and national average of 95.2%.
- 82.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.4% and a national average of 85.3%.

- 99.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.3% to a national average of 90.6%.
- 98% said they found the receptionists at the practice helpful compared to the CCG average of 88.6% and national average of 86.8%.

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 comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients views were broadly in line with averages on questions about their involvement in planning and making decisions about their care and treatment. For example, of the patients who responded:

- 79.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.2% and national average of 86.0%.
- 86.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and a national average of 81.6%.
- 99.3% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89.6%.
- 97.1% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88.1% and a national average of 85.1%.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% of the practice list as carers (25 patients). They offered patients who were identified as carers an annual review of their health. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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

We found practice staff were aware of but had not formally reviewed the needs of their local population. They had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, as part of a local CCG vanguard scheme to provide access to urgent care for patients, the practice provided a small number of appointments for the 111 service to directly book for patients.

- The practice offered extended hours on a Tuesday evening until 7:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. These patients were offered an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available at the main surgery at Flagg Court for those patients with hearing impairment.

Access to the service

At the inspection in June 2015, we found although there was evidence the practice had made reasonable adjustments to ensure patients with disabilities could access the service; they had not undertaken an assessment of this to make sure they were meeting their legal obligations in line with the Equality Act 2010. At the June 2016 inspection we found the practice had started to pull together the information about the steps they had taken to ensure the practice was accessible to all patients. However, they had not turned this into a full assessment of how they were meeting the obligations under the Equality Act 2010. We spoke with the practice about this. They told us they would review the information they had already collated to provide greater assurance of how they were meeting their obligations.

When we inspected the practice in June 2015, we also found patients were not offered choice in the gender of GP they wished to consult. The GP within the practice was male and there were no alternative arrangements available for those patients who wished to see a female GP. At the June 2016 inspection we found the practice had made arrangements for patients to access a female GP for those patients who preferred to. Patients could see a female GP at another local practice.

The surgery opening times for Dr Somesh Chander at Flagg Court Health Centre were :

- Monday 9:00am - 6:00pm
- Tuesday 9:00am - 6:00pm
- Wednesday 9:00am - 7:00pm
- Thursday 9:00am - 6:00pm
- Friday 9:00am - 6:00pm

The surgery opening times for Dr Somesh Chander at the Surgery, Boldon Colliery were:

- Monday 3:00pm - 5:00pm
- Tuesday 8:30am - 10:30am
- Wednesday 8:30am - 10:30am
- Thursday 8:30am - 12:00pm
- Friday 3:00pm - 5:00pm

During the normal contracted core hours of 8am to 9am and 6pm to 6:30pm, the practice had made arrangements for the out of hour providers to deliver services to their patients.

The results of the national GP patient survey was higher than national and local clinical commissioning group averages for how satisfied patients were with how they could access care and treatment. Of the patients who responded:

- 96.5% said they were able to see or speak to someone last time they tried, compared to a CCG average of 79.8% and a national average of 76.1%.
- 100% of patients found the appointment was very or fairly convenient, compared to a CCG average of 93.6% and a national average of 91.8%.

Are services responsive to people's needs?

(for example, to feedback?)

- 92.7% of patients were satisfied with opening hours, compared to a CCG average of 83.1% and a national average of 78.3%.
- 99.3% found it easy to get through to this surgery by phone compared to a CCG average of 81.3% and a national average of 73.3%.
- 99.5% described their experience of making an appointment as good compared to a CCG average 78% and a national average of 73.3%.
- 94% said they felt they normally do not have to wait too long to be seen compared to a CCG average 67.6% and a national average of 57.7%.

Listening and learning from concerns and complaints

When we inspected the practice in June 2015 we identified concerns with the system in place for handling complaints and concerns. There was no evidence to demonstrate the practice had identified or implemented any learning from the complaints.

During the inspection in June 2016 we found the practice had an improved process for handling complaints.

- Their complaints policy and procedures 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. There was a notice and summary leaflets available in the practice waiting area. The practice encouraged patient feedback, including complaints, on their practice website.

The practice had received one complaint since the last inspection. The complaint had been received verbally and a verbal response had been given. We saw that the practice had provided information about other organisations that can help in making a complaint about NHS services, such as the Patient Advice and Liaison Service (PALS). As a result of the complaint the practice had updated the information they held about other services, such as the local phlebotomy service, to ensure they had updated information to hand in case of enquiries from patients.

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

When we inspected the practice in June 2015 we found :

- There was not a clear strategy in place to demonstrate how the practice intended to continue to achieve their aim.
- We found the practice did not have a formal business plan in place.
- There was no formal action plan in place to support the practice to improve.
- There was a lack of clarity on the sustainability of the practice. There was no succession planning in place to ensure the sustainability of the practice into the future, despite the GP considering retirement.

During the inspection in June 2016 we found the practice had made good progress with implementing improvements. Staff told us they now felt more secure in the future of the practice and had a greater understanding of what was likely to happen to the future. Succession planning was well under way, and plans were in place in the event of the GP retiring or reducing their commitments within the practice.

A business plan had been put in place to support the proposed changes and plan for a future transition. This was put in place to ensure the future and sustainability of delivering a service to the patients of this practice. We found staff were aware of the proposed changes and had been involved in discussions about this.

The practice manager from another local surgery was providing administrative and management support to the practice in the interim. They had been supporting the practice to improve and implementing a range of new governance arrangements to provide greater assurance to the quality of the service offered.

The practice manager and GP described the vision of the practice to be a family practice. The ethos being patient focused with patients coming first and everything else revolving around their needs. The practice mission statement was to ensure patients had a good experience both when contacting and being seen in the practice, so they felt supported, listened to and viewed as an individual.

Although we could see the practice had made numerous improvements, it would take time for them to be able to

demonstrate that the level of improvement could continue to be sustained. However, we found the GP and other staff within the practice had actively engaged with discussions about the future and they were actively working with other local practices to ensure sustainability and a smooth transition to any new arrangements.

Governance arrangements

When we inspected the practice in June 2015 we found the arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

- A number of key assurance processes were not in place or operational. For example the practice had not assured themselves that staff were provided with regular updates and training they needed to undertake to deliver their roles effectively and safely. They had not assured themselves the infection control arrangements were effective. The recruitment processes were ineffective at providing assurances the staff were suitable; of good character; and, had the relevant qualifications, competence, skills and experience to perform their work. Although the practice reviewed when things went wrong, lessons learnt were not communicated and so safety was not improved.

During the inspection in June 2016 we found systems and processes established to assess, monitor and mitigate risks or assess, monitor and improve the quality of the services provided had improved. For example,

- The practice had reviewed and updated all policies and procedures. Staff had access to these in hard copy and electronically.
- The practice held regular documented practice meetings. This had created more opportunity for staff to feed in their views.
- We found the practice had addressed the concerns identified during the June 2015 inspection and taken action to improve. This included processes relating to significant events analysis, complaints handling, recruitment arrangements, infection control and support given to staff through training and appraisal.

Are services well-led?

Good 

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

We found the practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was now maintained.
- Some improvements had been made to the programme of continuous clinical and internal audit and this was used to monitor quality and to make improvements.
- There were robust arrangements for identifying and recording issues and implementing mitigating actions.

Leadership and culture

We found the practice had made significant progress in addressing the concerns identified during the June 2015 inspection. We found they prioritised safe, high quality and compassionate care.

We found the practice was making efforts to encourage openness, honesty and transparency. There were now regular team meetings, which were noted. Staff were given the opportunity to raise concerns through the appraisal process. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The practice had clarified the leadership structure, and information about this had been shared with staff.

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

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

We were satisfied that the systems they had in place for learning from significant events was satisfactory and showed evidence of continuous improvement. The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against national screening programmes. They had showed continuous improvement in the way they addressed the concerns raised at their previous CQC inspection, which took place in June 2015.