

Sunderland GP Alliance - The Galleries

Inspection report

Health 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 location

Good 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating October 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Outstanding

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sunderland GP Alliance- The Galleries on 22 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear and comprehensive systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. There were clear processes for the escalation and investigation of risk. The practice proactively involved staff through quarterly safety newsletters.
- There was a strong focus on safeguarding with clear and comprehensive processes, and active engagement with other relevant organisations.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had designed, developed and improved processes and technology to improve its ability to manage demand for appointments in order to meet its patient's needs.

- Some of the practice's National GP Patient Survey results from January to March 2018 were significantly below local and national averages for questions relating to access to care and treatment. However the practice had invested heavily in new communication systems, analysis and workforce planning to improve access. More recent patient feedback was largely positive with many patients commenting that access had improved. Complaint numbers relating to access had reduced considerably.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The leadership, governance and culture of the practice promoted the delivery of high quality person-centred care.

We saw an area of outstanding practice:

- The provider actively promoted staff involvement and communications across its three sites by initiatives including regular safety, safeguarding and complaints newsletters. This reflected a genuinely open and transparent safety culture where concerns raised were valued as integral to learning and improvement.

Whilst we found no breaches of regulations, the provider should:

- Continue to develop QOF reporting including correcting historical coding and exception reporting issues.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to Sunderland GP Alliance - The Galleries

Sunderland GP Alliance is registered with the Care Quality Commission to provide primary care services. This practice was formed from a previous merger of three practices in 2016.

The practice now provides services to around 12,700 patients from three locations and we visited these addresses as part of the inspection.

- The Galleries Health Centre, Washington, Tyne and Wear, NE38 7NQ
- Barmston Medical Centre, Westerhope Road, Washington, Tyne and Wear, NE38 8JF
- Pennywell Medical Centre, Portsmouth Road, Sunderland, Tyne and Wear, SR4 9AS

The patients can access care at any of the surgeries. The practice is part of NHS Sunderland clinical commissioning group (CCG).

The provider, Sunderland GP Alliance is a collaboration of GP practices in Sunderland. The Board of Directors are elected by the Member GP Practices on a four year term, and are responsible for directing the company's operations on the shareholders' behalf. All the directors must be a Partner of a Member GP Practice.

Deprivation indicators place this practice in an area with a score of five out of ten. A lower number means an area

is more deprived. People living in more deprived areas tend to have greater need for health services. This practice has lower levels of deprivation when compared to the local CCG average, but is slightly higher than the England average. The practice has fewer numbers of patients aged 65 and over compared to CCG and England averages, and higher numbers of patients under the age of 18.

The Galleries Health Centre is situated in purpose-built premises in Washington; the health centre is shared with other primary medical and secondary services. All reception and consultation rooms are fully accessible for patients with mobility issues. There is car parking available in the nearby shopping centre and there are dedicated disabled parking bays on the ground floor of the building. There is a lift to access the higher floors.

Barmston Medical Centre is a purpose built premises, there are patient facilities on the ground floor and there are disabled parking spaces in the patient car park, with wheelchair and step free access.

Pennywell Medical Centre is based in purpose built premises that are shared with external community services. All reception and consultation rooms are fully accessible and on one level. There is on-site parking and disabled parking. There is a disabled WC.

The practice has three salaried GPs, and also uses locum doctors. There are five advanced nurse practitioners (ANP's), two practice nurses, three career start practice nurses, four healthcare assistants and a team of management and administrative staff. Career start nurses are first level registered nurses, the career start scheme assists them in their career in practice nursing. There are full time business and practice managers.

The three locations are open Monday to Friday 8am to 6pm. The provider is a federation of GP practices in the

Sunderland area who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. This meant the practice is able to provide early morning, late evening, weekend and bank holiday appointments at this or other locations. Patients can contact the practice reception team to arrange these appointments.

When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice website and in the practice leaflet.

Are services safe?

We rated the practice as outstanding for providing safe services.

- There was a strong transparent safety-focussed culture.
- There were comprehensive systems to keep people safe.
- Learning was based on a thorough analysis and investigation of things that go wrong.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The practice held monthly safeguarding meetings with health professionals including midwives, and health visitors. There were both GP's and nursing staff with lead roles for children's and adults safeguarding, who worked together.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and had a high level of awareness. Safeguarding was given a high priority at the practice. Learning from safeguarding incidents was available to staff through a regular safeguarding newsletter, along with reminders of safeguarding information and leads. There was a dedicated safeguarding mailbox which was checked daily, and dedicated safeguarding information boards on each site. The practice had clear detailed policies and procedures around safeguarding, including a 'was not brought' flowchart for children's failed attendance at primary and secondary care appointments, and information around female genital mutilation, forced marriage, and honour based violence. Safeguarding meetings were rotated around the practice sites to ensure involvement of different community professionals, and all staff were encouraged to bring any concerns or information to safeguarding meetings, including the sharing of 'soft' intelligence, or to attend to refresh their knowledge.
- The practice placed a high priority on children's safeguarding and had been commended by Sunderland CCG for 100% completion rate of Children Protection Reports and Case Conference reports, with good practice to be shared across the CCG. The practice had been invited to share their good practice at clinical commissioning group (CCG) learning events.

- Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control, which included monthly, quarterly and yearly audits and checks.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were comprehensive systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff were suitably trained in emergency procedures.
- Emergency equipment was easily available and well organised, with a system which included a red box for emergency drugs, green box for anaphylaxis and a yellow box for meningitis. There was prominent information in a patient area on spotting the signs of meningitis.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. Staff had produced a prominent sepsis awareness red board which reception staff could see as they were receiving calls from patients or speaking to patients at the desk. Both clinical and non-clinical staff had attended additional training on sepsis awareness.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff consistently told us that information sharing across the different sites of the organisation was good.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing was in line with CCG and England averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety, with a strong focus on continuous improvement.

- There were comprehensive risk assessments in relation to safety issues.
- There was an appointed 'health and safety champion' on the board of directors, who had received additional training and guidance from the health and safety advisor.

- The practice monitored and reviewed safety using information from a range of sources. Significant events were tracked and categorised on a monthly and year end basis to show improvements in safety. For instance, the practice demonstrated that in the 12 months preceding the inspection, there was a total of 71 recorded safety incidents. In the 12 months prior to this, there had been 122 significant events, therefore the practice showed a 42% decrease in safety incidents, whilst the staff were being actively encouraged to report.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so, and staff were actively encouraged to report. Concerns raised by staff were highly valued as integral to learning and improvement.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and underlying causes, and took action to improve safety in the practice. There were clear procedures where incidents of moderate harm and above were also escalated to governance boards. We saw examples of where significant events had led to clinical audit and further preventative work.
- The provider produced a quarterly safety newsletter across its sites which detailed incident types, numbers and learning points, along with a reminder to staff of how to report and where to access learning points. Reductions in quarterly incidents were reported and staff encouraged to make a conscious effort to further improve safety and report incidents.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice encouraged self-care and involvement in patient's conditions, including by promoting NHS health apps.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs, including extra dementia awareness training for staff to become 'dementia champions'.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, (for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension), and had identified 185 extra patients with undiagnosed chronic conditions to ensure their correct monitoring and review.

Families, children and young people:

- Extra support was offered to young people and families living in disadvantaged circumstances, looked after children, children of substance abusing parents, and young carers.
- The practice was proactive in communication, information sharing and decision making with other agencies, particularly midwives, health visitors and school nurses.
- The provider had produced a New Baby Pack with information regarding how to register births, breast feeding, Post Natal Depression, Childhood Immunisations, and local mother and toddler information. These packs were sent to new mothers upon receipt of birth notifications. The childhood immunisation uptake rates were all above the target percentage of 95% or above.

Working age people (including those recently retired and students):

- The provider ran a 'Butterfly' Campaign encouraging uptakes of cervical smear tests. All female patients reaching the age of 25 were sent a birthday card reminding them they were now eligible for a smear.
- Each site had a 'butterfly campaign' noticeboard highlighting the importance of cervical screening, and clinical staff opportunistically promoted this at patient contacts, with patients given a small butterfly as a visual reminder. QOF administration teams and practice nurses linked together, so that after no response was received to two invitation letters, the patient would

Are services effective?

receive a personal call from a practice nurse who would try to find out what barriers there was to the patient attending, and talk these through. If necessary patients were offered an appointment to come in, and talk through the process before their screening appointment. QOF results for the practice showed cervical smear screening rates were improving; these were 78.9% in the year 2016-17, and 81.8% in the year 2017-18.

- Public Health England figures, which have different criteria, showed the practice's uptake for cervical screening in 2016-17 was 71.8%, which was below the 80% coverage target for the national screening programme, and below the CCG and England averages of 75.5% and 72.1% respectively. However the practice's own monitoring showed they were forecast to achieve the 80% target rate in the upcoming year, although these figures are unpublished and unverified.
- The practice's uptake for breast and bowel cancer screening was in line with CCG and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Eligible patients had an annual learning disability review and were given a 'Care Passport', which summarised their needs, easy read appointment information and easy read feedback forms.
- Vulnerable people could access same day 'crisis appointments' through emergency telephone triage.
- Staff were encouraged and given extra training in lead roles such as carer's lead, veteran's lead and online champions, to better support vulnerable groups and signpost them to community services.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had recently made links with a local women's domestic violence charity. The safeguarding

lead visited the charity once a month to promote community programs and explore different ways the practice could support vulnerable women. Staff at the practice were undergoing additional training to support and signpost domestic violence victims.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice had regular meetings with the local community mental health team.
- The practice initiated and hosted a 'Dementia Friends' group which met on a six weekly basis for art therapy, music therapy and crafts, and was supported by two healthcare assistants.
- The practice's performance on some quality indicators for mental health was significantly below local and national averages. The practice showed us that these variations were due to new recall systems being introduced, and changes to historical coding and exception reporting errors, where patients had not been exception coded despite not responding to two invites. The practice figures for the six month QOF position showed that 74% of patients with learning disabilities had received their annual health check, and that depression patients had historical coding errors which was ongoing to correct, which had altered data. The practice was forecast to achieve 100% for dementia figures in 2018-19, although these figures are as yet unpublished and unverified.

Monitoring care and treatment

Are services effective?

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results for 2017-18 were 92.9%, below the England average of 96% and the CCG average of 96.9%. However this figure had improved slightly from the 2016-17 total of 91.7%.
- QOF improvement was a major ongoing piece of work for the practice. An appointed QOF team monitored targets and areas for concern and these were discussed at clinical and governance meetings. Improvements had been made to clinical coding, resulting in 185 additional patients being added to chronic disease registers and therefore receiving annual recalls and reviews. There were now robust recall systems and more accurate exception reporting. In the upcoming 2018-19 QOF year the practice was projected to achieve 100% of QOF points in some areas including asthma and atrial fibrillation. Areas of concern, such as clinical indicator control of diabetes, were flagged as key areas for improvement and had been subject to clinical audit. We saw one ongoing audit where 44 patients had been identified as having clinical indicators for diabetes but were not coded as such or part of a recall and review system. These had all now been corrected.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as electronic repeat prescribing, and reduction in opiate prescribing.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained, along with a training needs analysis for staff. Staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff. The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers, and with health visitors and community services.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes, such as referral to diet and exercise services. Self-care was actively promoted and encouraged.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's National GP Patient Survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids, interpretation cards and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. Designated members of staff were 'carer's champions' who offered extra support and worked together with the local carers centre. Staff had regular meetings with the carers centre to discuss any updates that had been implemented. The practice had recently won an outstanding contribution award at the Sunderland 'Caring for Carers' awards.
- The practice's National GP Patient Survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this, and had a zero tolerance policy for violent and aggressive behaviour.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice as good for providing responsive services, and all of the population groups as good, except for families, children and young people, which was rated as outstanding.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients over 75 had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Post discharge clinics were held with the clinical pharmacist to identify any incorrect prescribing.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice was proactive in monitoring the prevalence of long term conditions within the practice population

including responding to a sudden deterioration of a condition, identifying those with a long term condition, those at risk of developing one, and those who were currently undiagnosed.

- QOF monitoring was used to manage capacity and demand, and forward plan staffing levels across the three sites to ensure enough appointments to offer patients for their long term condition recall and review.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- One of the branch surgeries, Barmston, hosted a young people's confidentiality corner away from the main waiting room to provide privacy for young people who wished to access health information and support. This had displays and decoration designed to appeal to its target audience.
- All young patients reaching the age of 16 were sent a birthday card informing them that they could access online services and medical support without being accompanied by a parent, although the practice advocated they inform their parents of attendance.
- The practice was proactive in making links with local schools, and each site had an attached primary school. We saw displayed 'self-care trees' which pupils from the schools had produced. They had also been invited on school trips to meet GP's and nurses. The practice had hosted an NHS 70th birthday party in which they involved local school children who produced timeline bunting.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended opening hours appointments were available and repeat prescriptions or appointments could be ordered online.
- The practice had introduced telephone consultations and medication reviews with the clinical pharmacist.

Are services responsive to people's needs?

- Also recently introduced was 'Econsult', where patients could fill in an online form to ask questions about their condition, receive general advice on symptoms, or request test results and receive a response by the end of the next working day.
- The practice used a text messaging service for appointment reminders.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was part of a Domestic Violence Pilot to support domestic violence victims with health advice and a safe haven to access support and help.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had received additional training in dementia awareness and there were designated dementia champions within the practice, to offer extra support to patients and their carers.
- Patients who failed to attend for visits were proactively followed up.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The practice had made numerous changes to improve access, including a new telephone system where they could actively monitor numbers of calls, longest wait times and abandoned call rates. This information was then analysed and used to inform staffing levels. Abandoned call rates were being targeted by management as a key performance indicator.

- Patients with the most urgent needs had their care and treatment prioritised.
- Some of the practice's GP Patient Survey results from January to March 2018 were significantly below local and national averages for questions relating to access to care and treatment. However more recent patient feedback through NHS Choices and CQC comment cards was largely positive with many patients commenting that access had improved. Numbers of calls answered and 'did not attend' rates had been published through monthly patient newsletters, along with information on the new phone system, and patient survey action plans. The practice's own patient survey for April and May 2018 showed 23% of patients rated the practice as very good, this increased to 39% over June and July 2018.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. The practice staff were encouraged to record informal complaints on 'niggle sheets' which were then also fed back and analysed at fortnightly complaints meetings. It acted as a result to improve the quality of care, and the practice were able to demonstrate a significant reduction in the numbers of complaints.
- The practice produced a quarterly complaints newsletter for staff where they were encouraged to report, and informed of complaint themes and trends. Lessons learned were also published.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The provider's Board of Directors were elected by the Member GP Practices on a four year term, and are responsible for directing the company's operations on the shareholders' behalf. GPs, management staff and nursing staff were represented on the board.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Most staff were aware of and understood the vision, values and strategy and their role in achieving them. Some staff told us they had attended an away day and team building exercises where they were encouraged to feedback opinions and think how they could improve the service.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued, and that the practice had improved significantly since the current provider took over.

- The practice focused on the needs of patients. Staff told us they were proud of their achievements within the practice, which included patient group meetings, a dementia care group, and improvements to the ways long term conditions were managed.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Staff told us they had been supported in additional training such as team leader development or management development programmes.
- There was a strong emphasis on the safety and well-being of all staff. Staff gave us positive examples of the practice being flexible, for instance to help with childcare issues or hospital appointments. Staff had access to a 'speak up' champion where they could take concerns directly to the board of directors.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams, and staff told us they had good morale and were positive about working for the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, and knew where to access policies and procedures to assist them in their role.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Staff told us they were kept informed of safety performance through monthly staff meetings, newsletters and emails to appraise them of any changes to policies or procedures following safety incidents.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. There was a clear process to escalate and action these based around level of risk.
- There was a comprehensive programme of clinical audit in place, including subjects triggered by significant events or complaints. There were some areas for further development as not all audits had clear action plans and conclusions, and therefore did not always demonstrate clearly a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored. The practice participated in local quality improvement schemes and monitored their performance through this.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had proactively sought closer links with the local community, including arranging a party to celebrate the NHS birthday which staff described as highly successful. The provider had also involved local schools in certain activities, they designed flags for the NHS birthday and a self-care tree which was presented in the waiting room of each site. Each practice site had a linked primary school.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a strong organisational focus on continuous learning and improvement. Formed from a merger of three practices, the organisation had made significant progress in areas including reductions in complaints and significant events, increased access, and improved management of long term conditions. There was a clear plan and targets for improvement.

Are services well-led?

- Staff were empowered in their roles and encouraged to develop and learn. Many staff had lead roles or were 'champions' in areas including promoting online access, supporting carers or those affected by dementia.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.