

Churchfields Medical Practice

Quality Report

Old Basford Health Centre
1 Bailey Street
Old Basford
Nottingham
NG6 0HD

Tel: 0115 978 1231

Website: www.churchfieldsmedicalpractice.co.uk

Date of inspection visit: 6 November 2017

Date of publication: 28/12/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	6

Detailed findings from this inspection

Our inspection team	7
Background to Churchfields Medical Practice	7
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 26 November 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

We carried out an announced comprehensive inspection at Churchfields Medical Practice on 6 November 2017 as part of our inspection programme.

At this inspection we found:

- There were recall and follow up systems in place to monitor patients' health and ensure medicines were being used safely.
- The practice pharmacist carried out reviews of patients prescribed high risk or long term medicines and patients felt involved in these reviews.
- Patients were involved in decisions about their care and treatment and encouraged to take an active role. The practice 'weigh station' and loan of blood pressure monitors enabled patients to be directly involved in monitoring their own health.
- Patient feedback was positive and confirmed that staff treated patients with compassion, kindness, dignity and respect.
- The appointment system had very recently been reviewed to enable easier access for patients and to make a more efficient use of appointment sessions.

Summary of findings

- Staff were recognised for the contribution they made to the smooth running of the service and they felt valued by their leaders.

We found areas where improvements were needed and the provider should take action;

- Improve systems for the checking the expiry dates of all consumable items used in clinical procedures, such as needles.
- Review the storage of all prescription stationery.

- Review indicators for patients with mental ill health and consider what further action might need to be taken.
- Strengthen quality improvement systems to be able to fully demonstrate the impact and benefits of audits.

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?	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

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good 
People with long term conditions	Good 
Families, children and young people	Good 
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 

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Improve systems for the checking the expiry dates of all consumable items used in clinical procedures, such as needles.
- Review the storage of all prescription stationery.
- Review indicators for patients with mental ill health and consider what further action might need to be taken.
- Strengthen quality improvement systems to be able to fully demonstrate the impact and benefits of audits.

Churchfields Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Churchfields Medical Practice

Churchfields Medical Practice provides primary medical services to approximately 10,000 patients. The practice has a website giving information about the services it provides; www.churchfieldsmedicalpractice.co.uk

The practice is registered with the Care Quality Commission to provide services at Old Basford

Health Centre, 1 Bailey Street, Old Basford, Nottingham, NG6 0HD. We visited this location to carry out our inspection.

A higher proportion of patients at this practice (67%) have a long standing health condition when compared with the clinical commissioning group (CCG) average of 52% and the national average of 53%. Other elements of the practice population, including age profile and the deprivation levels of patients, are in line with the local CCG averages.

Are services safe?

Our findings

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

Safety systems and processes

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

At our previous inspection in November 2014 we asked the provider to ensure health and safety information was actively sought from the premises manager to assure the practice that

Suitable checks are being undertaken. We also requested that they ensured recruitment arrangements included all necessary employment checks for all staff.

- At this inspection we found that the practice was fully aware of the health and safety checks carried out by the premises manager and had satisfied themselves that appropriate checks had been completed. Safety risk assessments, including fire and Legionella had been completed (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).. There was a range of safety policies which staff were aware of and knew how to access.. Staff received safety information for the practice as part of their induction and refresher training.
- We also found that the practice had strengthened recruitment arrangements since our previous inspection. Appropriate staff checks, including checks of professional registration where relevant, had been completed on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were in place which were regularly reviewed and accessible to all staff. They outlined who to go to for further guidance.
- Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

- Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with demonstrated to us their understanding of the role and their responsibilities.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included regular liaison with social care staff and participation in multi-disciplinary and safeguarding meetings. Child safeguarding meetings were held every six weeks and there was close working with local health visitors.
- There were arrangements in place to manage infection prevention and control. Audits were undertaken. The most recent had been completed in September 2016 and a supporting action plan implemented. This demonstrated any necessary action was being taken to provide a safe environment for patients.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, regular testing was carried out to ensure electrical equipment was safe for use. There were systems for safely managing healthcare waste.

Risks to patients

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

At our previous inspection in November 2014 we found GPs were not always carrying emergency medicines when making home visits and no risk assessment had been undertaken in relation to this. We asked the provider to make improvements in this area.

- At this inspection we found the practice had reviewed their approach and GPs now carried an appropriate supply of medicines when carrying out home visits.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. Reception staff had an understanding of the steps to take incidents such as power failure or fire. They had also received relevant training, for example on anaphylaxis and CPR (cardiopulmonary resuscitation).

Are services safe?

- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. A sepsis toolkit was used to aid timely identification and treatment. Laminated versions of this toolkit were available in each clinical room and there was an electronic version on the practice computer system.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. There were systems in place to ensure incoming correspondence, such as test results and discharge letters, were reviewed promptly. Tasks were logged on the practice computer system to provide an audit trail and confirmation that items of correspondence had been appropriately reviewed.

Safe and appropriate use of medicines

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

- Overall we found the systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, in one clinical room we found a small number of needles in an emergency kit which had passed their expiry date.
- There were arrangements to keep prescription stationery securely and the practice monitored its use. For example, there were records of prescriptions that were held in printers and rooms containing these printers were kept locked when not in use. We did note that a supply of prescription pads was kept in an unlocked cupboard in the reception office. Although access to this room was controlled by a keypad the security of the prescription pads needed to be strengthened further.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was

evidence of actions taken to support good antimicrobial stewardship. The practice employed a clinical pharmacist who had completed recent audits of the practice's antimicrobial prescribing and were ensuring implementation of a toolkit to support appropriate prescribing.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. There were effective recall and follow up systems in place to ensure patients were invited to, and attended, reviews where required. The pharmacist carried out reviews of patients prescribed high risk medicines and/or those on repeat medicines. One of the patients we met commented that they had found their review meeting helpful and had felt fully involved in the review.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Records showed appropriate identification and action, with changes implemented when necessary to minimise the risk of any future incidents.
- Staff understood their duty to raise concerns and report incidents and near misses. Those we spoke with told us that they felt confident to raise any issues and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice shared lessons learned, identified themes and took action to improve safety in the practice. For example, following a patient being administered an out of date vaccination there was a thorough investigation. This identified the need to strengthen arrangements for checking dates at the point of administration and to improve stock rotation and monitoring systems. These actions were discussed with nursing staff and improved systems were implemented and monitored.
- There was a system for receiving and acting on safety alerts. The practice had a procedure to support this and maintained a log to show alerts received and action taken. When an alert was received searches were undertaken to identify any affected patients, who were then followed up and any necessary changes made. For example, an alert had recently been received in relation

Are services safe?

to the prescribing of a specific anticoagulant medicine. A search had been completed and identified two affected patients. The pharmacist had reviewed these patients and made appropriate changes.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services except for the population group people experiencing poor mental health which was rated requires improvement.

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.

- Overall, we found patients' 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice offered annual flu vaccinations to older patients and had been very proactive in promoting this. Text message reminders, website information, posters and leaflets had all been used to encourage patient take up. As a result, their recent designated flu clinic had attracted an additional three hundred patients in comparison to the previous year. The practice calculated this had released 37 hours of practice nurse time that could be then dedicated to other types of reviews.
- Shingles and pneumonia vaccinations were available to eligible patients, and letters were sent to these patients to advise them of this.
- Home visits could be requested and all requests were triaged by a clinical member of staff to ensure appropriate support was provided.

People with long-term conditions:

- There were recall systems in place to facilitate annual reviews for all patients with long-term conditions and to check their health and medicines needs were being met. The length of time for these appointments was

adjusted to take into account the complexity of each patient's condition. We spoke with a patient who had recently had their annual review and described it as being informative and reassuring.

- The practice had identified a large proportion of annual reviews for patients with diabetes became due in the three month period January to March. Therefore, they had taken steps to bring forward some of these reviews to help avoid delays for patients and to manage the overall review process more efficiently.
- A trial for asthma patients, although in its early stages, was exploring the practicalities of telephone reviews for these types of patients. This was aimed at supporting this patient group more efficiently and reducing the number of asthmatic patients who failed to attend for their review appointments. This was an issue highlighted in a recent asthma audit completed by the practice.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, practice nurses had been working alongside specialist nurses for diabetes, COPD and asthma to develop their knowledge of these conditions and understanding of patient's needs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice described they had robust systems to ensure all babies attended for an 8 week check with a GP and the practice nurse for immunisations. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- A female GP held a weekly clinic for contraceptive implants and intrauterine contraceptive device insertion.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme. There were systems in place to follow up non-attenders and ensure appropriate recall for these checks.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- Early morning GP appointments were available from 7.20am on Wednesdays and routine GP and nurse appointments were available on Saturdays. Comments received during our inspection confirmed that the availability of Saturday appointments was appreciated and facilitated easier access to the service.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Since April 2017 the practice had invited 125 eligible patients for health checks and 67 had attended (54%). The practice felt that patients now targeted for these checks were those with lower risk and this attributed to the 54% take up rate. The practice continued to invite eligible patients in line with NHS Health check guidance.
- The practice told us that they reviewed the physical health needs of patients with poor mental health, but indicators in this area were below expected averages. 77% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, which was 12% below the CCG average and 14% below the national average. However, exception reporting rate for this indicator was 2%, which was 9% below the CCG average and 8% below the England average.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available, which was 1% above the CCG average and 1% above the national average. The overall exception reporting rate was in line with local and national averages at 9% (0.7% below the CCG average and 0.9% below the national average). (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had a programme of quality improvement activity to help review the effectiveness and appropriateness of the care provided. Audits relating to asthma, COPD and acne had recently been completed and areas for learning and development highlighted. For example, an audit to check whether a specific medicine was being used in line with MHRA guidelines had found some improvements were needed. Actions had been implemented to address the areas highlighted in the audit. The time lapse since the first cycle audit meant a further audit was not yet due, but would be beneficial in the near future to assess whether improvements had been achieved. However, we did note that an audit of clinical coding had been completed in December 2016 and had not yet been repeated to assess improvements achieved.

Effective staffing

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

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 homeless people, travellers and those with a learning disability. There were 41 patients on the practice learning disability register and 15 of these had received an annual review of their health needs within the last 12 month period. At the time of our inspection the practice was contacting patients who had not yet responded to their written, easy read format invitation to book an appointment and those who had not attended their booked appointment.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to CCG and national averages. (5% below CCG average, 3% below England average.) Exception reporting rate for this indicator was 4%, which was 2% below the CCG average and 3% below the national average.
- 67% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 21% below the CCG average and 24% below the national average. The exception reporting rate for this indicator was 4%, which was 9.9% lower than the CCG average and 9% below the national average.

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 co-ordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice had established good links with other agencies in the area who they worked with to help ensure patients received the support they needed.

Helping patients to live healthier lives

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

- A 'weigh station' had been established behind a screen in a corner of the waiting room. This comprised of a set of scales, a supply of weight recording forms and dietary and nutritional advice. Patients who attended for health

check appointments were asked (when appropriate) to use the weigh station themselves, take the information into their appointment for discussion and to update their medical records. This helped to make efficient use of appointments and supported the practice to develop their knowledge of their patient population.

- The practice had also invested in five home blood pressure monitors, loaned to hypertensive patients for short term home use. This enabled readings to be collected over a period of a week and then reviewed by a nurse as part of the patients review.
- 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.
- The practice's detection rate for patients referred via the two week wait cancer pathway was slightly above average at 58% (2015/16 data), helping to improve early diagnosis for patients. (CCG average 55%, national average 50%.)
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice 'weigh station' in reception gave patients an active role in monitoring their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- When appropriate, the practice signposted patients to local resources, including Click Nottingham. This was focussed on reducing social isolation and loneliness for people aged over 50.

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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff had completed training in equality and diversity to support them to understand patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. During our inspection we observed reception staff spoke with patients in a kind, discrete manner.
- The practice's computer system alerted staff if a patient had additional communication needs, so staff could support them appropriately. For example, some patients preferred to arrange appointments by email rather than by telephone. Others relied on lip reading, so staff needed to take this into account when greeting the patient at reception.
- 31 of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 304 surveys were sent out and 107 were returned. This represented 1% of the practice population. The practice was in line with or slightly below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.

- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 84% of patients who responded said the nurse was good at listening to them; CCG - 90%; national average - 91%.
- 84% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access to community and advocacy services. They helped them ask questions about their care and treatment.
- Written invitation letters were sent to patients with a learning disability to invite them to attend for an annual review of their healthcare needs. The format of these letters took into account the communication needs of this group of patients by incorporating some illustrations and using plain English.

Are services caring?

- Feedback we received from patients during our inspection confirmed that they felt involved and listened to when their health issues were being considered.

The practice identified patients who were carers when they registered with the practice and during consultations with clinical staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 192 patients as carers (2% of the practice list).

- The practice website contained useful information and advice to support carers, and a range of similar information was also available in the reception area of the practice.
- Following a bereavement the GP involved in the patient's care contacted the family. A visit would be arranged if wished and information about bereavement services provided.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for most indicators:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. This was reflected in some of the patient feedback we received on our completed comment cards. Patients commented that they found staff to be caring, kind and respectful towards them.
- Information about the practice chaperone policy was readily available to patients in the waiting room and on the website. This explained a chaperone's role, explained how patients could request this and stressed the importance of patients feeling confident and supported.
- There was information available (on the practice website and in the reception area) to explain to patients how their personal and confidential information was collected, stored and shared, with patient consent. Staff had completed training in information governance to support the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 had reviewed information relating to patients not attending for appointments. They had taken this into account alongside their national patient survey data and responded by designing a new appointments system. This new arrangement began on the day of our inspection, 6 November 2017. The aim was to offer all patients who requested a non urgent appointment a time slot within 48 hours of their request, therefore reducing the risk of not attending. There was still a facility to make appointments further in advance, when this was required.
- Extended opening hours were offered to facilitate easier access for patients who could not attend during usual surgery hours. Online services such as repeat prescription requests and advanced booking of appointments were available and used by patients.
- There was a broad range of information available in the reception area which was relevant to patients from diverse groups. This included information relevant to lesbian, gay, bisexual, and transgender (LGBT) patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice made a note on patient records of patients who required additional support with communication to ensure that all staff were aware of this.
- Patients could use their preferred language when checking in for their appointment via the electronic system. Reception staff demonstrated to us how they supported patients to use this if they were unfamiliar with the system.
- 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 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

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.

Families, children and young people:

- 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. The practice also liaised with health visitors to ensure children received appropriate support. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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. For example, early morning appointments on Wednesdays and Saturday appointments. The practice monitored take up of these appointment sessions and this showed patients found the timings of these helpful.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had completed an analysis of non attendance for appointments and found that when patients booked their own appointments online they rarely failed to attend. They had taken this into account

Are services responsive to people's needs?

(for example, to feedback?)

when designing and implementing their new appointment system. They were also encouraging more patients to make use of online bookings by promoting this in their discussions with patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Patients from a local travellers site registered with the practice.
- Interpreting services were used to help ensure patients communication needs were met and that they could participate actively in their clinical consultations.

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.
- The recall system for annual mental health reviews had been strengthened. Patients were invited for review in their birth month and a protocol had been developed to prompt clinicians to consider opportunistic reviews when patients attended the surgery for other reasons.

Timely access to the service

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and had recently been revised to make it easier to get an appointment, in response to GP patient survey data.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages for most indicators. 304 surveys were issued and 107 were returned. This represented 1% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG - 71%; national average - 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 79% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 63% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 64% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 64%.

The practice anticipated that improvements would be achieved in these areas of patient satisfaction through the very recent change in the appointment system.

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 and it was easy to do. Staff we spoke with explained how they would try to resolve any patients concerns themselves, if they could. When necessary they gave verbal and or written information to patients about how to complain.
- The complaint policy and procedures were in line with recognised guidance and showed how complaints would be handled and the timescales for this. 24 complaints had been received in the last year. We reviewed three complaints and found that these had been satisfactorily handled and in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about prescription not being available collection from a patient's preferred pharmacy the practice implemented revised processes to avoid errors in the future.

Are services well-led?

Good 

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

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it. They 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- Although there was no published, formal statement of the vision and values for the practice all staff we spoke with articulated a common view. Staff at all levels described their aims were to achieve the best possible outcomes for patients, provide an efficient and cost effective service and to work together well as a team.
- Staff were aware of and understood their role in achieving these goals.
- The practice had a realistic strategy and supporting business plan. Their business plan listed areas of priority, identified strategies to address the issues and timescales for these to be achieved. For example, one area highlighted for improvement was staff sickness levels. Actions had been implemented, processes strengthened and ongoing monitoring evidenced improvement.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and enjoyed their roles.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that when complaints were received they were responded to in a timely way and actions were taken to resolve concerns.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. When appropriate, such as following an error or in response to a complaint, the practice apologised to patients.
- Staff we spoke with 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 annual appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice had recently achieved a significant reduction in levels of sickness absence.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training and they felt they were treated equally.
- There were positive relationships between staff at all levels.
- There was a monthly staff recognition scheme to identify and reward staff who had made exceptional contributions to the practice. This scheme was well supported and staff we met were positive about the benefits of this. Staff we spoke with were proud to work for the practice and enjoyed their work.

Governance arrangements

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

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were in place, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a structure of regular meetings across the practice so that information was communicated consistently and appropriately to all staff.

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. The practice carried out regular checks on the safety of the environment.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and the views of patients were taken into account. For example, one of the GP partners had recently completed an audit of appointment attendance numbers to inform the design of a new appointment system.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. A recent nursing team meeting had discussed Quality Outcomes Framework (QOF) performance and had reviewed the findings from the practice infection control audit. Similarly, notes from

regular meetings with administrative staff showed a broad range of issues were considered, including patient recall arrangements and feedback from complaints.

- 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. As well as making use of national survey data the practice collected feedback directly from patients and used this to improve the service they offered.
- There was no active patient participation group (PPG) at the time of our inspection but the practice had already identified this as an area they needed to develop and were looking at how best to promote this and engage patients. They were considering different mechanisms, including a 'virtual' PPG, to facilitate a broad membership.
- Despite the lack of a PPG there were patients who played an active role in the practice in other ways, such as participating in fundraising activities at the practice and giving informal feedback to the practice. We met two of these patients during our inspection and they were very positive about the way the practice engaged with them.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had taken steps to improve patient understanding about the demand for appointments. A large, notice board in the reception area gave information about appointments and waiting times. It

Are services well-led?

Good 

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

included an explanation of how the allocated time for patient appointments was used (including review of previous notes), showed the number of appointments provided and the number of patients who had not attended for booked appointments.

- Newsletters were published every two months and were made available to patients in the reception area and on the practice website. These gave information about the practice, for example the latest newsletter explained changes to the appointments system.
- Information about the CQC rating of the service was easily available to patients as it was displayed in the reception area and published on the practice website.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had previously offered seven day opening as part of a local initiative. They were keen to reinstate this as they felt it was very beneficial for patients and were exploring ways of achieving this.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, senior leaders attended regular away days to review performance and identify priorities.