

Thornbury Medical Practice

Inspection report


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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?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall but is rated as requires improvement for providing caring services.

(Previous inspection 28 September 2017- requires improvement.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Thornbury Medical Practice on 28 September 2017. The practice was rated as requires improvement in the key questions of responsive and well led. The overall rating for the practice was requires improvement. The full comprehensive report for the September 2017 inspection can be found by selecting the 'all reports' link for Thornbury Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 17 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 28 September 2017. This report covers our findings in relation to those requirements.

Overall the practice is now rated as Good overall.

At this inspection we found:

- The practice had 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. We found that this was not always clearly documented at every stage of the process, but staff told us they were discussed at monthly meetings and they had good knowledge of these.
- The practice had established systems and processes which had improved the safety and quality of the service provided.

- 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.
- The results of the July 2017 GP patient survey showed patients did not always find the appointment system easy to use and the satisfaction with clinical consultations was below average. However, patient feedback on the day of inspection reflected that access to the service had improved and the availability of appointments had increased.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Regular meetings were held at the practice and the minutes were available to all staff.
- The practice offered a walk-in clinic for appointments twice per month. Five clinicians were available to see patients during the morning session. In addition, patients could monitor their basic health with support from the advanced clinical practitioner at each fortnightly Wednesday drop in clinic.
- A weekly welfare contact was made by a designated member of staff with the patients at the practice noted to be vulnerable. Patients were asked if they had enough medication, how they were and if they required any further support.

The areas where the provider **should** make improvements are:

- The provider should continue to review and take steps to improve the uptake of cancer screening at the practice, including bowel, breast and cervical screening.
- The provider should continue to review and respond appropriately to the results of patient satisfaction surveys, in particular supporting patients to feel involved in decisions about their care and treatment and ensure that they can meet the needs of their patient population in the future.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- The provider should continue to review and improve, where possible, access to health care for patients with mental health needs.

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

Population group ratings

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	

Our inspection team

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

Background to Thornbury Medical Practice

Thornbury Medical Practice, also known as Thornbury Medical Centre, is situated on Rushton Avenue, Bradford, BD3 7HZ. There are good transport links and a pharmacy is situated in the supermarket next door. The practice provides fully accessible facilities and all services are at ground floor level or accessible via a lift. The practice has ample car parking.

The practice website address is www.cqc.org.uk.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

Thornbury Medical Practice is situated within the Bradford City Clinical Commissioning Group (CCG) and provides general medical services to 7,151 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.


There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area and fewer patients aged over 45 than the national average. The National General Practice

Profile states that 51% of the practice population is from an Asian background with a further 6% of the population originating from black, mixed or other non-white ethnic groups.


There are two male GP partners at the practice. One GP partner had ceased working at the practice within the previous 12 months, and a new GP had joined the partnership. He was in the process of registering with the CQC at the time of our visit. There is a part time, long term locum female GP and a further male GP. There is currently one full time practice nurse, an advanced clinical practitioner, a full time health care assistant (HCA), and a HCA who provides three sessions per week, all of whom are female. The practice also has access to two additional pharmacists. The clinical team is supported by a practice business manager, an office manager and a team of administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Thornbury Medical Practice is open between 8am and 6pm Monday to Friday with appointments available



between 9am and 5.20pm. Between 6pm and 6.30pm clinical cover is provided by an out of hour's provider. Extended hours appointments are not offered at this practice.



Out of hours care is provided by a local contractor or by calling the NHS 111service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and on their website.

Are services safe?

We rated the practice as good for providing safe services.

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. All staff received up-to-date safeguarding and safety training appropriate to their role. All GPs were trained to safeguarding children level three. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. The practice held safeguarding meetings which were comprehensive. In addition they had developed a confidential electronic 'safeguarding folder' where the needs of families and siblings of those identified as at risk were also reviewed.
- Staff who acted as chaperones were trained for their role and had received a 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, harassment, discrimination and breaches of their dignity and respect. We saw that meeting attendees included health visitors.
- 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. We saw that cleaning schedules had been implemented for clinical equipment.
- 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 adequate 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 staff tailored to their role. We were told the practice were no longer using short term locum staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. We saw that the topic of recognising the signs of sepsis was due to be discussed at the practice meeting on the day of inspection.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, 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.
- We saw that the system for reviewing and signing patient group directions (PGDs) had been improved and these were reviewed appropriately. (PGDs are written instructions for the supply or administration of medicines to patients, usually in planned circumstances.)

Are services safe?

- 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 improved their approach to safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- Significant events were recorded by the practice and we saw an audit of the events had been conducted and the findings discussed and reviewed with staff.

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.
- There were improved systems in place for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Following the inspection we were sent evidence that the practice had further reviewed and improved their management of significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw that an effective system was in place to manage these.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 clinicians used a computer system for patient notes, tasks, communication and referrals to ensure that care and treatment was timely and effective.
- Staff used appropriate methods to assess the level of pain in patients.
- 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 offered priority appointments for older and housebound patients with acute illnesses.
- 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.
- Complex patients who were prescribed a number of medications could be referred to the CCG pharmacist for a review in their own home.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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 and the challenges faced by this patient group.

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, we saw that these were up to date and reflective of the patient's needs. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care including a dietician.
- Patients with complex diabetes could be seen in the 'Level Two' clinic at the practice. This process managed by clinicians in primary care, is where insulin initiation for type 2 diabetes can be introduced and monitored. (Insulin is a medicines which is used to regulate the amount of glucose in the blood.)
- The system for medication reviews had been reviewed and we saw that patients were recalled in a timely manner.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Patients could be referred for physiotherapy and ultrasound scans which were offered at the practice.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice promoted and advertised local initiatives and support organisations for families in the community.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines, we saw that pregnant women had been appropriately reviewed, if necessary, following recent medicines alerts and their care and treatment adjusted accordingly.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice hosted mental health counselling sessions for families, children and young people.

Are services effective?

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

- The practice's uptake for cervical screening was 59.3%, which was comparable to the CCG average of 62.2% but lower than the England average of 72.1%. Three monthly reviews of cervical screening uptake at the practice were being held. This included a review of the competence of the practitioner.
- The practices' uptake for breast and bowel cancer screening was comparable to CCG averages but lower than the England average. Staff were promoting these areas where possible.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- An increased number of appointments had been made available online and there was an on line prescription ordering service.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way and regular meetings were held to review the needs of these patients. We saw evidence that these patients were reviewed by a clinician, as a minimum, every two weeks.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.
- A nominated list of patients with specific personal challenges were able to request their prescriptions by telephone.
- The practice offered annual health checks and longer appointments to patients with a learning disability. The practice demonstrated an understanding of the needs of carers and offered appointments at times to suit them and the patient.

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.
- 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 the CCG and national average.
- 91.7% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.
- 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.
- Exception rates for QOF indicators relating to mental health were significantly above CCG and national averages. For example; patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption was recorded in the preceding 12 months, Exception reporting for this indicator was 27.7% compared to the CCG average of 6.5% and the national average of 10.3%. The practice were aware of this and were reviewing the needs of patients.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements. We saw that patients had been recalled appropriately and audits were undertaken to ensure that prescribing was in line with best practice.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

Are services effective?

- Clinical staff were appropriately qualified and registered with a professional body.
- We saw that an up to date record of skills, qualifications and training was maintained. . Staff training was monitored by the practice manager. Training undertaken included basic life support, fire safety, Infection Prevention and Control (IPC) and safeguarding training.
- 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. However, staff told us that they did not feel that there were enough nursing hours available.
- 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. Regular three monthly reviews of the screening programme at the practice were held with a GP and the practice nurse.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents including community matrons. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children and refugees who had relocated into the local area.

- 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. Regular reviews of these patients were held.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Patients could monitor their basic health with support from the advanced clinical practitioner at each fortnightly Wednesday drop in clinic.
- Staff discussed changes to care or treatment with patients and their carers as necessary. Staff would support patients whose first language was not English to read and understand appointment and benefit letters.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The health champions held regular events to promote health and wellbeing.

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 requires improvement for caring.

The practice was rated as requires improvement for caring because:

- There are 10 indicators linked to the caring key question within the national GP Patient survey. In July 2017, the practice was, on average, 9.9% below CCG average for nine of these indicators and an average of 16.7% below each indicator nationally. Whilst the practice had developed their own patient survey, it did not address concerns in these areas and we did not see that the practice action plan developed from the GP patient survey addressed this.
- The practice had identified less than 1% of their patient list as carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback on the day of inspection from patients was very positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. We saw that staff were proactively contacting vulnerable patients and offering appropriate support.
- The practice gave patients timely support and information.
- The practice was consistently lower in the GP national survey 2017, when compared to the clinical commissioning group (CCG) and national averages for questions related to patients who felt they were listened to or treated with care and concern.

Involvement in decisions about care and treatment

The practice was consistently lower in the GP national survey 2017, when compared to the clinical commissioning group (CCG) and national averages for questions related to 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 those patients and their carers can access and understand the information that they are given.)
- Staff communicated with people in a way they could understand, for example, easy read materials were available and some staff were able to speak several languages relevant to the practice population.
- 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. Staff told us that patients would often bring letters regarding hospital appointments or benefit information to the practice which they would translate for them.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. We saw that staff had completed customer services training.
- The practice complied with the Data Protection Act 1998. They showed us they were preparing for the new requirements in line with General Data Protection Regulator (GDPR) regulations, a leaflet had been designed for patients and some staff had attended training.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

At our previous inspection in September 2017, we rated the practice as requires improvement for providing a responsive service. This was because the provider could not evidence that access to appointments was sufficient to meet patient needs. Responses to the July 2017 GP patient survey were below CCG and national averages.

At this inspection on 17 May 2018, new GP patient survey data was not available. We reviewed how the practice had responded to our concerns since the last inspection in September 2017. We saw improvements in these areas had been made.

The practice is now rated 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 understood the needs of its population and tailored services in response to those needs.
- Telephone 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, for example nominated patients were able to request their prescriptions over the telephone and home visits were undertaken.
- 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 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.

- A seated exercise class has been introduced for patients over 65 years. Attendance at this class was growing slowly.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those who needed them.
- The practice could request the support of the CCG pharmacist to assist in the review of housebound patients who had complex medication regimes. There was a medicines delivery service for housebound patients.

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:

- The practice were in the process of contacting all parents who had previously declined the measles, mumps and rubella (MMR) vaccination for their child due to a local measles outbreak. Emergency clinical meetings were held to review actions and progress.
- The health champions would hold regular events in the waiting area and try to engage families and young children
- Priority, same day appointments were given to children.
- 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. Records we looked at confirmed this. Safeguarding meetings were held regularly and included a review of the siblings of children who were identified to be at risk.

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.

Are services responsive to people's needs?

- Training would be offered by the practice staff for people who wished to learn how to use the online systems

People whose circumstances make them vulnerable:

- A weekly welfare contact was made by a designated member of staff with the patients at the practice noted to be vulnerable. Patients were asked if they had enough medication, how they were and if they required any further support. Some patients were offered proactive monthly appointments.
- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, 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

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

- Staff we spoke with demonstrated their understanding of how to support patients with mental health needs and those patients living with dementia, appropriate to their role.
- The practice made use of a recognised dementia screening tool to help identify early signs of dementia, these results would be reviewed with the GPs, and made referrals to appropriate services when necessary.
- Groups supported by the health champions and the PPG such as the 'knit and natter' group were available to all patients and there was a range of information available in the patient waiting area to support patients with mental health issues. A small number of patients attended this group.
- The team had a good knowledge of the services available locally to support patients.

Timely access to care and treatment

Feedback from patients showed that access to care and treatment from the practice had improved and was within an acceptable timescale for their needs. Comment cards reflected that a number of patients felt that ongoing changes to the telephone systems had been positive.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Referrals were completed in a timely manner.
- Waiting times, delays and cancellations were minimal and managed appropriately. On the day of inspection we saw that appointments were available the next day.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient comment cards and patients we spoke with on the day reported that the appointment system was easy to use and that access to the service had improved.

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 updated after our inspection to ensure that they were in line with recognised guidance. 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. We saw an example of where a multi-disciplinary team meeting was held following a complaint with a view to formulating a plan to support the patient.

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.

At our previous inspection in September 2017, we rated the practice as requires improvement for providing a well-led service. This was because the provider had failed to establish systems and processes which operated effectively. The provider had not reviewed and updated their policies and procedures, did not have oversight of the immunisation status of the staff team and we did not see a system which ensured that Patient Group Directions (PGDs) were appropriately signed.

These arrangements had improved when we undertook the inspection on 17 May 2018. The practice is now rated as good for providing well-led services.

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.
- We were told that the provider had begun the process of updating their registration with the CQC to reflect their current partnership arrangements.

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 which the staff were aware of and adhered to. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients and staff through meetings and leaflets.
- 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.
- 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. They were proud to work in the practice and felt supported by the management.
- The practice focused on the needs of patients.
- 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 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 appraisal and career development conversations. All staff received regular annual appraisals in the last year and were aware of their roles and responsibilities. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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 actively promoted equality and diversity.
- There were positive relationships between staff and managers

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. We saw that improvements had been made in these areas. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and 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
- Practice leaders had reviewed the policies, procedures and activities of the organisation to ensure safety and assure themselves that they were operating as intended. Following our inspection the practice further reviewed their complaints, infection prevention and control and significant event policies which they forwarded to us.

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 of which the practice manager had oversight.
- 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 national and local safety 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.
- The practice had reviewed the immunisation status of the staff team and held records to confirm this.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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, monitored and discussed.

- 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 appropriate 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 (PPG).
- The PPG ran alongside the Health Champions who held regular events to support the practice and patients. These included exercise classes, spending time in the reception area, attending meetings and assisting patients to monitor their own health at fortnightly drop in sessions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- We saw a programme of continuous learning for the staff team to be delivered at practice training time.
- The practice were working towards becoming a training practice for doctors.
- Staff were passionate about the practice and were keen to assist the management to make improvements.
- 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.

Are services well-led?

Please refer to the Evidence Tables for further information.