

Bournbrook Varsity Medical Centre

Quality 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 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 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

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 Bournbrook Varsity Medical Centre on 7 December 2017.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as part of our inspection programme.

At this inspection we found:

- The facilities and premises were appropriate for the services delivered and we observed them to be visibly clean and tidy.
- The practice had clear 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The practice organised and delivered services to meet patients' needs. For example, the practice actively offered in house counselling, depression screening and further support to students who were experiencing poor mental health.
- There was evidence of adequate systems in place to support good governance. There were positive relationships between staff and teams and the practice had a culture of high-quality sustainable care.
- There were high levels of patient satisfaction at the practice.
- Patients told us they were satisfied with the service and we noted that the Care Quality Commission

Summary of findings

comment cards we received were extremely positive about the service experienced, many of the cards highlighted that the staff frequently went above and beyond for their patients.

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

Bournbrook Varsity Medical Centre

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 GP specialist adviser and a practice nurse specialist advisor. The inspection was also supported and observed by a directorate support co-ordinator from within our primary medical services team.

Background to Bournbrook Varsity Medical Centre

Bournbrook Varsity Medical Centre is a long established practice located in the Selly Oak area of Birmingham in the West Midlands. The practice is an accredited training practice for GP Registrars to undertake extra training to qualify as a General Practitioner.

There are approximately 10,100 patients of various ages registered and cared for at the practice. The practices registered patient population is made up of mostly young adults, students and working age people; at the time of our

inspection approximately half of the registered patient list was aged between 20-29. Staff explained that most of these patients are part of the university which was situated over the road from the practice

The senior management team consists of two GP partners (both female) and the practice manager. The clinical team also includes four female GPs, well as two female practice nurses and two female health care assistants. The management team are supported by two deputy managers as well as a team of 12 staff that hold reception, secretarial, administration and domestic roles.

The practice is open for appointments Monday to Friday between 8:30am to 6pm and on Saturdays from 8:30am to 11am. The practice is also part of a local GP federation called My Healthcare, this enables patients to access services across five local practices up to 12 hours a day including early mornings and evenings, Monday to Friday and at varied times on weekends. The federation allows patients to access appointments at the other practice sites in the event that there are no appointments available at their registered practice. In addition, patients can access additional services such as physio support and nursing at home services. Patients also have the choice of male and female GPs when accessing services through the My Healthcare Hub. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed during the out-of-hours period.

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 systems to safeguard children and vulnerable adults from abuse. The practice worked with other agencies to support patients and protect them from neglect and abuse. The GPs attended safeguarding meetings and we saw evidence of joint working with other agencies including health visitors and social workers during our inspection.
- We saw that the practice's safeguarding policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with demonstrated that they understood their responsibilities and had received the appropriate level of safeguarding training relevant to their role. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff files showed that appropriate recruitment checks had been undertaken prior to employment such as proof of identity, qualifications and registration with the appropriate professional body. We also saw that these were monitored on an ongoing basis to ensure that records remained up to date.
- 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. We saw that staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. There were effective systems in place to manage infection prevention and control and we observed the premises to be visibly clean and tidy. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. When there were changes to services or staff the practice assessed and monitored the impact on safety.
- 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, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, for example:

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Individual care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Prescription stationery was securely stored and records demonstrated that the practice had a system to effectively monitor this.
- Staff prescribed, administered and gave advice on medicines in line with legal requirements and current national guidance. Members of the management team explained that the practice received good support from the medicines team at the Clinical Commissioning Group and that they supported the practice with their prescribing monitoring and auditing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice also had a prescribing champion in place that was focussing on reducing prescribing waste in practice.

Track record on safety

Are services safe?

- There was a health and safety policy in place and the practice had a range of risk assessments in place to demonstrate how they managed and monitored risk relating to the premises, in addition to infection prevention and control.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong, for example:

- During our inspection we saw examples of shared learning and action taken to improve safety in the practice. For example, a prescribing audit which focussed on prescribing aspirin for patients aged 75 and over resulted in a significant event being recorded. This was because the practice identified a prescribing risk in relation to a particular case. A medicines review was conducted and prescribing altered accordingly. To prevent recurrence staff were reminded of the importance of reviewing repeat medicines and accurately coding the patient record in relation to this. Furthermore, the significant event was shared with staff and reflected on during a practice meeting.
- Significant event and incident records demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. Records also showed that patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a system for receiving and acting on safety alerts and we saw evidence to support this during our inspection. For example, we saw that the practice conducted a search on their patient record system in relation to a recent specific medicine recall from the Medicines and Healthcare product Regulatory Agency (MHRA), with regards to a potential faulty batch of medicine. The practice identified 20 patients in relation to the alert criteria and records showed that none of these patients had a faulty batch of medicine.
- The practice learned from external safety events as well as patient and medicine safety alerts. In addition, the practice regularly monitored trends and carried out a thorough analysis of significant events; we also saw that learning was shared and filtered through to various staffing areas at the practice meetings. This included during monthly admin meetings, fortnightly clinical meetings and weekly management meetings.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' 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:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. This included an annual frailty review by the nurse and the GP, in addition to a review of their medicines.
- Patients had access to appropriate health assessments and checks. The practice offered annual reviews to patients aged 65 and over.
- If necessary patients were referred to other services such as voluntary services.
- The practice offered personalised care plans for patients over the age of 75.
- 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.

People with long-term conditions:

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

- The practice's 2016/17 Quality and Outcomes Framework (QOF) performance for diabetes was 100% compared to the CCG average of 92% and national average of 91%.

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 operated an effective call and recall system for various patient groups, this included appropriate systems for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered sexual health services and was contracted to fit implants and coils. Three of the GPs were trained to do carry out these procedures. This service was described as a popular service and non-registered patients could also be referred to the practice for this. The practice utilised nine to 10 appointment slots for coil and implant fitting each week and unverified data provided by the practice showed that since April 2017, the GPs had fitted 75 coils and completed 13 removals.

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

- Unverified data provided by the practice on the day of our inspection showed that their uptake for cervical screening was two percent above target, at 82%.
- 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Unverified data provided by the practice on the day of our inspection showed that 94% of the patients on their vulnerable register had received a face to face review in the previous 12 months.

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

- The practice's 2016/17 QOF performance for mental health was 100% compared to the CCG and national average of 94%. Specifically, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 93%, compared to the CCG average of 93% and national average of 91%. This reflected the period of April 2016 to April 2017 and unverified data provided on the day of our inspection showed that the practice was currently driving at 77%.
- 2016/17 QOF data showed that 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months compared to the CCG average of 87% and national average of 84%. Unverified data provided on the day of our inspection showed that the practice was currently driving at 88%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months compared to the CCG average of 92% and the national average of 90%. Unverified data provided on the day of our inspection showed that the practice was currently driving at 82%.
- In addition, 97% of patients experiencing poor mental health who had received discussion and advice about smoking cessation compared to the CCG average of 97% and national average of 95%.
- The practice offered in house counselling and support to students who were experiencing poor mental health and patients were actively screened for depression at the practice. Unverified data provided on the day of our inspection highlighted that they had screened 87% of their registered patients. The QOF target for this area was 80%.

Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published overall QOF results (for 2016/17) were 100% of the total number of points available, compared to the CCG average of 95% and national average of 94%. The practice followed an exception reporting policy for QOF and their exception rate was 9%, which was 0.6% points below CCG average and 0.5% below national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice. This included a variety of prescribing audits, including an audit focussing on prescribing aspirin for patients aged 75 and over. The aim of the audit was to mitigate any potential risk factors and amend prescribing accordingly. The initial audit was discussed during a practice meeting and shared with prescribers to adjust their prescribing accordingly. As a result, the repeated audit demonstrated improvements to prescribing, as initially out of 50 cases reviewed, 30% of those taking aspirin were co-prescribed a PPI (proton pump-inhibitor, sometimes co-prescribed to reduce risks when taking aspirin and related anti inflammatory medicines) in line with guidelines set by the National Institute of Clinical Excellence (NICE). A total of 35 cases were reviewed as part of the re-audit and 77% of those taking aspirin were co-prescribed a PPI in line with NICE guidelines.

The practice operated a continuous programme of audits and systematic searches to monitor quality; we saw additional audits to monitor safe prescribing of certain high risk medicines and also for Vitamin D prescribing. There were further examples of audits such as an audit which focussed on Dementia screening and care plans, as well as an analysis of hospital outpatient activity.

Effective staffing

Are services effective?

(for example, treatment is effective)

- 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.
- 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. We saw that training needs were continually monitored and mandatory training was well managed to ensure staff remained up to date with training requirements.
- Staff were encouraged and given opportunities to develop and the practice provided staff with ongoing support. For example, we found that two members of the management team were supported to complete a level three leadership course.
- There was evidence to demonstrate that formal induction processes were in place. Staff attended frequent one-to-one meetings and appraisals. There was evidence of coaching, 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. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- We saw that staff actively followed up on secondary care referrals and monitored patient's appointments at secondary care. For instance, the practice had systems in place to identify and assess patients who were at high risk of admission to hospital. The practice also reviewed their patients' attendances at the local Accident and Emergency departments and followed up where necessary.

- The practice worked with patients to develop personal care plans that were shared with relevant agencies. Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

During the months of September and October the practice carried out a registration and health promotion drive for newly registered students from the university which was situated over the road from the practice. This included providing students with advice on their health and well-being to benefit them during their time at university. Areas covered included advice on alcohol consumption, sexual health advice and advice on wellbeing and stress management. Members of staff were also there to educate students about the NHS and choosing appropriate services.

Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Unverified data provided by the practice showed that smoking cessation advice had been given to 88% of their patients that smoked.

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.

Are services caring?

Our findings

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

Kindness, respect and compassion

- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Staff understood 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.
- We spoke with seven patients as part of our inspection including two members of the practice's patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.
- All 54 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. We noted a theme amongst the comments provided, the care provided at the practice was described as outstanding on some of the cards and many of the cards highlighted that the staff frequently went above and beyond for their patients.
- The practice's positive satisfaction rates aligned with the results of the NHS Friends and Family Test where 87% of the respondents highlighted that they would recommend the practice to their family members and friends. The practice also achieved an overall rating of five out of five stars on NHS Choices.

The practice received 55 responses from the national GP patient survey published in July 2017, 386 surveys were sent out; this was a response rate of 14% and this represented 0.5% of the practices registered patient list. The results highlighted that the practice's responses were above local and national averages across various areas of the survey. For example:

- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG and national averages of 86%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national averages of 87%.
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.

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 that 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 community and advocacy services.
- The practice actively identified patients who were carers; this was done opportunistically during appointments as well as at the point of registering as a patient. In addition, all staff were encouraged to ask patients if they were a carer and if they had a carer; in order to capture this on the patient's record system to offer them suitable support. The practice had identified 191 patients as carers; this was 2% of the practice's list.

Are services caring?

- Once identified as a carer, a carers assessment was carried out by a GP and onward referrals were made where required. This included referral to support services such as the Birmingham Carers Hub.
- The practice offered flu vaccinations for anyone who was a carer. There was supportive information on display in the practice for carers and there was information in place for carers to take away
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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, for example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect. The practice complied with the Data Protection Act 1998.

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 across all population groups

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 facilities and premises were appropriate for the services delivered. There were facilities in place for people with disabilities and for people with mobility difficulties.
- Appointments could be booked over the telephone, face to face and online. The practice also offered a repeat prescription service online.
- The practice was part of a local GP federation called My Healthcare, this enabled patients to access services across five local practices up to 12 hours a day including early mornings and evenings, Monday to Friday and at varied times on weekends.
- The practice offered extended hours on Saturday mornings between 8:30am to 11am to suit the needs of their predominantly working age and student population.

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.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, such as elderly patients and housebound patients who could not attend the surgery.

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 multi-disciplinary meetings with attendance from the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Urgent access appointments were available for children and those with serious medical conditions. All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered sexual health services and three of the GPs were able to fit implants and coils.

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, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- During the months of September and October the practice carried out a registration and health promotion drive for newly registered students from the local university. This included helping overseas students with their registrations and providing students with healthy lifestyle and well-being advice to benefit them during their time at university.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were longer appointments available for vulnerable patients including carers and patients with a learning disability.

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There were longer appointments available for people experiencing poor mental health.
- During our inspection members of the management team explained that the GPs would see a large number of students who were experiencing poor mental health. Problems included anxiety, stress, depression, isolation, self-harm, eating disorders and abuse.
- These patients were identified as vulnerable patients and were frequently reviewed and offered ongoing support by the practice. This included offering in house counselling and onward referral to organisations such as Birmingham Healthy Minds, the Edgbaston Wellbeing Hub, the University Counselling service or if needed, the Community Mental Health Team.
- The GPs frequently engaged and monitored patients who were waiting for their first appointment if referred onwards by the practice; as the practice recognised that it could take several weeks or sometimes longer for patients to have their first appointment when referred for further support.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Conversations with staff and patients during our inspection also confirmed this, completed CQC comment cards highlighted that patients were able to book appointments with ease.

Results from the July 2017 annual national GP patient survey showed that patients' responded positively with regards to how they could access care and treatment and the practice's satisfaction rates were above local and national averages for many areas, for example:

- 96% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 71%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 82% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 60% and national average of 64%.
- 57% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 52% and national average of 58%.

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 treated patients who made complaints compassionately. The complaint policy and procedures were in line with recognised guidance.

Seven complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled 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.

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. They 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 business development plan to deliver high quality care and promote good outcomes for patients.
- Some of the improvement plans at the practice included plans to recruit more GP partners and to recruit a male GP so that patients could have this option on-site; currently patients could see male GPs by accessing appointments through the My Healthcare Hub.
- There was a clear vision and set of values which consisted of excellence, passion, integrity and collaboration. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.

- There were positive relationships between staff and teams. Staff stated they felt respected, supported and valued.

- There was a low turnover of staff at the practice, members of the management highlighted that across the team of 27 staff members, most of them were long standing. Staff highlighted that combined; they had over 180 years' worth of experience working at the practice. Staff spoke positively about working at the practice; they demonstrated a commitment to the practice and to providing a high quality service to patients.
- 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. We saw evidence of this when reviewing complaint responses and incidents during our inspection. 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 staffing groups 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There were practice specific policies in place to ensure safety.

Are services well-led?

Good 

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

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

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 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.
- 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 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 and monitored and management and staff were held to account.
- 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. Conversations with staff indicated that the practice encouraged staff to provide suggestions and share ideas during informal catch ups and formal practice meetings.

There was an active patient participation group (PPG). Each year the practice had an annual flu day which the Patient Participation Group (PPG) supported by organising raffles and games to raise money for a local hospice.

The practice was also working on ways to encourage patients from their working age and student population to join the PPG. A virtual PPG had been developed as part of this; this was made up of 2221 patients.

The service was transparent, collaborative and open with stakeholders about performance. The practice used various methods to engage with all patients across their population groups. This included through the PPG, during health promotion events, through the practice newsletter and through the practice website and social media pages.

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. For instance, 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.