

Latham House Medical Practice

Inspection report


Sage Cross Street
Melton Mowbray
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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?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating November 2017 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Latham House Medical Practice on 5th September 2018 as part of our inspection programme to ensure the improvements we had seen in November 2017 had been maintained. The practice was inspected in December 2016 where breaches of legal requirements had been found in relation to governance arrangements within the practice. When we inspected in November 2017 we found Latham House Medical Practice to be rated good overall.

At this inspection we found:

- 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. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients reported long waiting times for appointments or when trying to contact the practice on the phone. The practice were aware of this and trying to implement improved methods for patient access.

- The practice had implemented a new management and governance structure to identify responsibilities and create a spine of executive meetings for decisions and discussions to be implemented quickly and effectively. There was an effective system for dissemination of information to the wider team.
- The practice emphasised the importance of building relationships with other healthcare agencies by hosting them at the practice to encourage discussions and coordinated patient care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice management were aware of their limitations due to size and had put in place effective systems to provide effective healthcare for patients. They were future thinking about their practice and how they wanted to evolve patient care.
- Staff were proud to work at the practice and the practice had many longstanding members of staff. Staff were well supported at work with management having a genuine interest in their wellbeing. Staff reported Latham House Medical Practice was a family type team.

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

- Ensure the system for prescription stationary includes recording the location within the practice.
- Ensure the management of policies at the branch site at Asfordby are reviewed and up to date.
- Ensure all emergency equipment and medicines are stored appropriately to reduce risk.

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

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	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 Care Quality Commission (CQC) lead inspector. The team included a

GP specialist adviser, a practice nurse specialist adviser, a practice manager adviser, and two further team inspectors. A nurse specialist adviser also shadowed the inspection.

Background to Latham House Medical Practice

Latham House Medical Practice provides primary medical services to approximately 35,660 registered patients from a surgery located in Sage Crosss, Melton Mowbray, Leicester, LE13 1NX close to the centre of the town. The practice has a branch surgery at Asfordby, Regency Road, Asfordby, Melton Mowbray, Leicester, LE14 3YL which was visited as part of this inspection. Latham House Medical Practice is the only practice serving the market town of Melton Mowbray and the surrounding area.

The service is provided by 12 partners (eight male and four female), five salaried GP's (two male and three female), two pharmacists and one emergency care practitioner. The nursing team consists of 23 nurses and ten healthcare assistants. The practice is supported by a team of receptionists, administration staff and a management team.

The practices services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group

(CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice website provides information about the healthcare services provided by the practice.

Latham House Medical Practice is open from 8.30am to 6.30pm with appointment times between 8.30am and 5.30pm at the main site at Melton Mowbray and in the mornings at Asfordby. The practice offered extended hours on Monday and Thursdays between the hours of 7.40am and 7pm. The practice offered an acute access service every morning at the main site between 8.30am and 12 noon to offer urgent on the day appointments.

The practice delivered a nurse led minor treatment unit at the Sage Cross Street surgery site.

When the practice is closed patients are asked to contact NHS 111 for out-of-hours GP care.

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. They knew how to identify and report concerns to the designated lead at the practice. Learning from safeguarding incidents were available to staff. All safeguarding referrals were monitored and followed up on.
- The practice had monthly safeguarding meetings with other relevant individuals such as school nurses or health visitors when necessary.
- Chaperones were available to patients and staff who required them during procedures or consultations. There was signage in all waiting rooms and clinic rooms. Staff who acted as chaperones had received training for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. There was a designated lead for infection prevention and control to review the policy annually and conduct annual audits. Due to the practice size, the practice was then split into zones with designated teams responsible for the routine ongoing monitoring of infection control.
- There was a team of cleaners who ensured that the practice was kept clean for patients and staff before surgery in the morning. The practice also had a cleaner in the day time to ensure cleanliness levels were maintained throughout the day.
- 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 temporary staff tailored to their role. There was a locum pack for GP's which included important information and was reviewed regularly.
- 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. On the day of inspection, we saw evidence of staff responding to patients displaying urgent symptoms and ensuring they were seen to in an appropriate and timely manner.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. At the time of inspection, non-clinical staff were awaiting formal sepsis training.
- 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of other health agencies being included in discussions and meetings with patients who required extra support such as safeguarding meetings and palliative care meetings. Any patients discussed at these meetings were recorded with in depth discussions and decisions documented on their patient record.
- Clinicians made timely referrals in line with protocols.

Are services safe?

Appropriate and safe use of medicines

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

- The evidence table highlights that the practices antibiotic prescribing is significantly lower than the local and national average. Clinicians we spoke with on the day stated they had worked closely with the local medicines optimisation group to target antimicrobial prescribing and suggested this also might be due to patients having a named GP with continuity of care.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The system for storing medicines which required refrigeration was effective. We saw evidence of the temperatures being recorded daily and action taken when any readings were over the recommended temperature of 8 degrees. The practice would record any stock takes with times that the fridge was being accessed and would then download temperature readings from a data logger to check that the fridge and medicines had not been exposed for a prolonged period. The data loggers were routinely downloaded on a weekly basis.
- Controlled drugs were well managed within the practice.
- The practice had a recall system in place for patients who required extra monitoring or reviews more frequently of their medicines in line with national guidance. We saw evidence of these alerts in place for high risk drugs highlighting to staff when they were due a blood test.
- We saw evidence of the supply of medicines being reduced for patients who were at risk of suicide or for medicines which could be abused.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- 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.
- The practice had a designated prescription area for repeat prescriptions. We saw evidence of prescriptions being appropriately managed including extra checks for

controlled drug prescriptions, ensuring patients on medicines which required extra monitoring had been completed before handing out the prescription, ensuring patients medicine review had been completed annually and ensuring that the prescription had been signed by the patients named GP in a timely manner.

- We saw evidence that the storage of prescriptions was safe and monitored when receiving blank prescription papers into the building. However, the system for recording where the prescription papers were allocated within the practice was not always specific.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

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. Staff we spoke with said they were encouraged to report any concerns or errors and felt that leaders and managers supported them when they did so. Staff were involved in the investigation process when they reported incidents.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. These incidents were discussed at executive levels and disseminated down to all staff in team meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence that safety alerts were well managed and actioned at the time of the alert and as an ongoing basis. Patients who had been affected by safety alerts had discussions documented in their patient records.

Please refer to the evidence tables for further information.

Are services effective?

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

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.
- All patients had a named responsible GP which promoted continuity of care.
- Clinicians were invited to monthly meetings where any new or updated national and local guidance was discussed.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice encouraged patients to sign up to online access and 36% of their patients had signed up to the scheme to make appointment bookings more accessible to patients. The practice also encouraged patients to sign up to the summary care records scheme so that patient's records could be accessed by other health professionals if required.
- The practice had a dedicated travel health nurse and was a registered yellow fever centre.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice had a designated care coordinator nurse to follow up on patients who needed extra support following discharge from hospital.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.
- Specialist clinics were held by trained nurses to carry out reviews of patients with long term conditions such as diabetic and respiratory conditions.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice held an in-house warfarin blood testing clinic for patients to reduce the need for patients to travel. Clinics were held in mornings and afternoons to ensure patients had their blood tests at a suitable time.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was above local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were consistently above the target percentage of 90%. The practice held three child immunisation clinics a week which could be booked in advance or drop in appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The child's GP would be alerted to failed appointments and the health visitor would be informed. Alerts were placed on patients records for previous failed attendances.
- The practice did 24-hour baby checks.
- There was specialist nurses available for family planning and sexual health. The practice ran a CHAT clinic,

Are services effective?

confidential healthcare advice for teenagers. This was to promote patients to attend the clinic. All staff were suitably trained and had good understanding of the Fraser competencies.

- The practice liaised with the school headteacher to ensure children safeguarding concerns could be discussed.
- Children's phlebotomy from the age of six months was available at the practice so patients did not have to travel to the nearest hospital.

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

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme however was in line with the local and national average. The practice were aware of their performance and had put systems in place for designated receptionists to monitor uptake. These receptionists would follow up any non-attendances with letters. The practice nurses offered pre-screening appointments with patients to discuss concerns and what happens during an appointment.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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.
- The practice was involved with the 'Me and My learning' scheme ran by the local council which engaged unemployed patients and encouraged them to get back into work.

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. Advanced care planning was completed for patients nearing the end of their life which included their preferred place of death and resuscitation status information if required.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice showed evidence of supporting homeless patients by offering them to register the practice as an address.

- The practice completed a Plymouth Dementia Check annually for patients registered with a learning disability which assessed the patients cognitive function to aid in early diagnosis of dementia.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had four GP's who were trained to support patients who misused drugs or alcohol. The practice held a shared care agreement so that patients could be treated in the practice.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice had access to urgent crisis teams to assist in emergency situations. Patients at risk of suicide or self-harm also had medicine supplies decreased to keep patients safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.
- The practice hosted a therapist and psychiatrist for patients who required support with mental health.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

- The practice achieved the maximum achievable QOF points and had exception rates were in line with local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice regularly completed cervical smear samples and minor surgery audits.
- After death audits were completed to identify any concerns or areas of improvement.
- 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.

- 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. These reviews were often completed during specialist nurse clinics.
- 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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, mentoring, clinical supervision and revalidation.
- There was a clear system for supporting and managing staff when their performance was poor or variable. We saw evidence of this process and how it was dealt with professionally.
- Staff who worked in the minor treatment unit were appropriately trained.
- The suite for urgent on the day appointments was staffed by a receptionist and a healthcare assistant. The healthcare assistant completed routine observations and tests for patients depending on their symptoms to reduce time needed with a clinician.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for vulnerable children.
- The practice routinely hosted a number of different health professionals and agencies within the practice to promote coordinated care. This included a social worker, counselling services and local integrated care team.
- Patients received coordinated and person-centred care. The practice had a dedicated care coordinator to manage movement of patients and monitoring ongoing needs. 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 advanced personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- First contact plus was used for referrals for any social issues.

Are services effective?

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Staff were able to advise where the local support could be accessed. Clinicians showed evidence of patients they had referred to Quit 51 for smoking cessation advice and LEAP, a local weight management programme to tackle obesity.
- The practice were in discussions to become involved with a local park run initiative to encourage patients to become active.

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.
- Written consent for procedures was obtained and recorded onto patient's records.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was consistently positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice's 2017 GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- We saw evidence on the day of inspection where staff were responsive to patients who were distressed and put them at ease. We also saw evidence where members of staff had reassured patients in crisis until the appropriate clinician was available.
- The practice were regularly involved in the wider community. We saw evidence of them being involved in annual church events to raise awareness of different health topics, regular national charity events and local charity events such as swimathons.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers through consultations, registration or long-term condition reviews, and provided them with a support pack. There was a dedicated carers champion who supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

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.

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. There were lifts for access to the first floor and ramps available. The practice had a wheelchair for patients to use if required.
- 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.
- Longer appointment times were available for patients who had complex needs.
- Staff were responsive to patients who presented with urgent needs. We saw evidence of staff responding to patients who may require urgent medical attention.

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. Patients were encouraged to book advanced appointments with their named GP where possible.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice or were housebound. The nurse care coordinator offered home visits to support patients. Clinicians were able to remotely use the patient record system from patient homes or care homes to ensure they had full patient information when treating in their own setting.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had a patient chase system which called patients with long term conditions for reviews. If the patient did not respond there was a dedicated administrator to chase the patient.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Patients who had been referred to CAMHS, child and adolescent mental health services, were followed up and monitored.
- 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, extended opening hours and Saturday appointments.
- Extended hours appointments were available for patients who found it difficult to book appointments during routine opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice held a register for frequent travelling communities who visited the area. These patients could

Are services responsive to people's needs?

register for short periods of time and any health professionals such as the health visitor which had previously been involved in their care would be identified.

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 practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice routinely screened patients over 65, patients with learning disabilities and patients with long term conditions for dementia. The practice worked with the local CCG to increase awareness of dementia and to effectively identify patients who needed extra support.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had suites for specific GP's consulting rooms where patients could book appointments in advance. The practice also had a suite dedicated to any on the day urgent appointments for patients to sit and wait. There was also a nurse led minor treatment unit for patients which could be booked in advance or they could see patients on the day.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. If clinics or the wait for acute on the day appointments were delayed, reception staff would inform waiting patients.
- Some of the patient comment cards identified long waiting times when needing an appointment however the GP survey and the patients on feedback surveys never identified this as a theme. The practice were aware of some limitations with their system had identified they were looking into new ways of offering appointments.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported that the appointment system was easy to use. Patients reported that there was often a wait to get appointments with their named GP however understood there were options to come to the sit and wait clinic in the morning for more urgent needs.
- The practices GP patient survey results were in line local and national averages for questions relating to access to care and treatment with results lower than average for patients who experienced difficulties contacting the surgery on the phone. The 2018 GP survey also showed the telephone access was lower than local and national average. The practice were aware of this and were in the process of changing the phone system.
- The practice sent text messages to patients where possible to remind them of upcoming prebooked appointments.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- Verbal complaints were also recorded when resolved in the practice on the day. Patients were always asked following the resolution, if they required the formal complaint forms to complete. All verbal complaints were recorded by the reception team leader and were passed onto the executive team for oversight to ensure that had been handled appropriately and to identify and themes.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The practice had had a change in management structure which all staff were aware of. Staff we spoke with on the day said the management restructure was positive and were well engaged in the changes.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 care 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. Staff we spoke with were proud to work in the practice and reported it was a family type team.
- 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 told us they would be involved in the process of rectifying the issue and had confidence that concerns 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. The practice had a stress policy and we saw evidence of management supporting staff through difficult times and adjusting their hours and duties. The practice also used croner which is an external programme for staff to access confidentially to discuss wellbeing.
- The practice advertised to patients it was a zero-tolerance environment and we saw evidence of this being challenged when patients were aggressive to staff. Management supported staff if they reported concerns.
- The practice hosts a range of agencies and groups within the building to encourage coordinating treatment and care for patients.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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.
- Due to the size of organisation the practice had developed a governance structure which included a strategy group, partners meetings and executive committee. These three groups were collectively known as a spine structure and fed into each other. Decisions and discussions were delegated to each group depending on the level of information. All discussions were then disseminated down into appropriate working group for information.

Are services well-led?

- We saw evidence on the day of the inspection that the governance structure was effective at making quick and important decisions when issues were highlighted. The practice had implemented a change that was brought to their attention in a timely manner due to having a specific direction for decisions and the rest of the team were involved in the changes quickly.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- On the day of the inspection the branch site at Asfordby was visited. We found three policies which had passed their review data and showed the responsible persons as people who no longer worked at the practice. The practice managers were alerted to this and reported they were in the process of aligning policies for the main site Latham House and the branch site.
- 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.

- 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 reference group (PRG) who were engaged in the wider health economy as well as promoting health within the practice. The PRG also completed annual patient surveys and open mornings to gain patients experiences and feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The arrangements for involving staff with discussions and changes was effective.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice were able to tell us about their future plans for improving and enhancing their services.
- The practice made use of internal and external reviews of incidents and complaints. All incidents and complaints were dealt with in a structured system. Learning was shared with the wider team and used to make improvements.

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. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.