

St Bartholomews Surgery

Quality Report

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East Ham

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Website: www.stbartholomewssurgery.gpsurgery.net Date of publication: 15/12/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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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 previously inspected the practice on 20 June 2016 and rated it then as Requires improvement overall. This

was because it was not meeting legal requirements in relation to some aspects of patient safety, improving patient outcomes and governance arrangements. The June 2016 inspection report can be found at www.cqc.org.uk/location/1-539009738.

We carried out an announced comprehensive inspection at St Bartholomews Surgery on 09 November 2017 to follow up on breaches of regulations.

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.
- National GP survey results showed patients did not always feel staff involved and treated them with care and concern. The practice took action and carried out a practice based survey which showed improvement.
- National GP survey results showed patients found the appointment system easy to use and that they could access care when they needed it. Some

Summary of findings

feedback we received on the day of the inspection was less positive however. The patient participation group highlighted the need for more patient education on appointment booking.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had remedied the shortfalls identified at our previous inspection.
- The provider had acted on recommendations we made at our previous inspection to improve the business continuity plan; the uptake of cervical screening; identifying and supporting carers;

provisions for patients with hearing impairment and for patients for whom English is an additional language; and documenting meetings and following up agreed actions.

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

- Consider ways of improving patients' understanding of the appointment booking system.
- Include information about the role of the Health Services Ombudsman in its responses to complaints.

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

Summary of findings

The six population groups and what we found

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

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

St Bartholomews Surgery

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.

Background to St Bartholomews Surgery

St Bartholomews Surgery is a GP Partnership registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services and Treatment of disease, disorder or injury from one location: St Bartholomews Surgery, 292a Barking Road, East Ham, London E6 3BA, which is located in east London. The provider is in the process of adding a fifth GP partner to its CQC registration and confirmed during the inspection that it is not performing any minor surgery that would require it to register with CQC to carry on the regulated activity of Surgical procedures.

St Bartholomews Surgery provides services to patients under a Primary Medical Services (PMS) contract with NHS England. The practice is a member of the NHS Newham Clinical Commissioning Group (CCG).

The practice is located in the third more deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average. At 84 years, female life expectancy is above the England average of 83 years.

The practice has approximately 10,500 patients and serves an ethnically diverse population with many languages

spoken in addition to English. Some 48% of people living in East Ham were not born in England. The practice has a high proportion of patients in the nought to nine years and 20 to 39 years age groups.

The practice is in purpose built premises and all patient areas and facilities are wheelchair accessible. The practice has a hearing loop.

Four of the GP partners work full time at the practice and a fifth partner works part time. One of the full time partners is female. There are two full time practice nurses and two part time healthcare assistants. The clinical staff are supported by a team of administrative, secretarial and receptionist staff, and a full time practice manager and reception manager.

Surgery hours are between 8.00am and 6.30pm Monday to Friday. Extended hours appointments are available between 6.30pm and 8.30pm on Monday. Patients are directed to an out of hours GP service outside these times.

The practice has a website:
www.stbartholomewssurgery.gpsurgery.net

We previously inspected St Bartholomews Surgery on 20 June 2016 and rated it then as Requires improvement overall. This was because it was not meeting legal requirements in relation to some aspects of patient safety, improving patient outcomes and governance arrangements. The June 2016 inspection report can be found at www.cqc.org.uk/location/1-539009738.

We carried out an announced comprehensive inspection at St Bartholomews Surgery on 09 November 2017 to follow up on breaches of regulations.

Are services safe?

Our findings

We rated the practice as good for providing safe services overall and all of the population groups. The practice had remedied shortfalls found at our previous inspection in June 2016 relating to some systems and processes not being in place to mitigate some risks relating to health and safety, medicines management and infection prevention and control. The June 2016 inspection report can be found at www.cqc.org.uk/location/1-539009738.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. 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.

- The provider was reviewing individual care records as part of clinical audit work. The provider discussed with us ways of managing records to ensure each record was written in enough detail to maximise patient safety. The work was ongoing. Most of the care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- 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.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice, for example to improve record keeping and the early detection of cancers.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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. The practice had remedied shortfalls found at our previous inspection in June 2016 relating clinical audit not being carried out. The June 2016 inspection report can be found at www.cqc.org.uk/location/1-539009738.

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.
- The practice was not an outlier in respect of prescribing indicators.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to access diagnostic tests at the practice including phlebotomy, spirometry and ECG (electrocardiogram) monitoring. The practice used the Newham Telehealth Service which uses assistive technology to support people diagnosed with a long term medical condition or conditions.
- 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. Patients living with moderate or severe frailty were identified using the electronic frailty index (eFI) and their needs were met. The practice was reviewing and developing how it supported older people living with frailty more generally.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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 was not an outlier in respect of quality and outcomes indicators in 2015-16 relating to diabetes, hypertension and atrial fibrillation data. It was however an outlier for the COPD and asthma indicators below. Improvements had been made in 2016-17:
 - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (practice 65%, CCG average 87%, England average 90%). This had improved to 84% in 2016-17.
 - The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the Royal College of Physicians 'three questions' (practice 63%, CCG average 76%, England average 76%). This had improved to 74% in 2016-17.

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 above the target percentage of 90% in July 2017.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- It provided a weekly drop in family planning clinic.

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

Are services effective?

(for example, treatment is effective)

- In 2015-16 the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 67% compared with the CCG average of 78% and the England average of 81%. The practice had screened 446 women in the 12 months. In 2016-17 it had increased the number of women screened in 12 months to 740. Further improvement was seen in 2017-18 with 398 women screened in the first seven months of the year. The practice had improved uptake by putting in place a more robust recall system, providing additional screening sessions and sending text reminders to women about their test.
- 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. This is reflected for example in the percentage of patients experiencing poor mental health

who had received discussion and advice about alcohol consumption (practice 95%; CCG 89%; national 89%); and the percentage of patients with physical and / or mental health conditions who had received discussion and advice about smoking cessation (practice 97%; CCG 96%; national 95%).

- A community mental health nurse held a monthly clinic at the practice.

Monitoring care and treatment

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

The practice was carrying out clinical audits:

- As part of national improvement initiatives, such as antimicrobial prescribing.
- To check it was following NICE guidelines, such as achieving blood pressure targets in patients with type 2 diabetes.
- To optimise the treatment and care it provides, for example in response to significant event analysis, such as investigations to determine the cause in patients with raised ferritin levels.

Audits were being repeated to see that improvement actions were being implemented and were effective. One example of a two-cycle audit looked to minimise polypharmacy (the use of multiple drugs) in patients aged over 65 years of age, which puts them at higher risk of adverse reactions. The first cycle audit showed the number of prescribed medicines could be reduced in 20% of a sample of 20 patients. Action was taken following this first cycle audit and the second cycle audit three months later showed fewer patients (15%) amongst a sample of 20 patients were taking too many medicines.

The 2015-16 Quality Outcome Framework (QOF) results were 90.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. The practice had improved its QOF results to 94% in 2016-17. QOF is a system intended to improve the quality of general practice and reward good practice.

The overall exception reporting rate in 2015-16 was 4.2% compared with a national average of 5.7%. None of the exception reporting rates for the clinical domains was

Are services effective?

(for example, treatment is effective)

significantly higher than the CCG or national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation. The new induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care plans were developed and 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.
- The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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.
- The percentage of new cancer cases that were referred using the urgent two week wait referral pathway was 58% comparable to the CCG average of 53% and the England average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff 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.
- All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced, except for one negative comment about reception staff needing to behave more gently.
- Fifty two per cent of patients recommended the practice based on NHS Friends and Family Test score (based on 56 respondents).

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice took action in response to these findings and then completed a practice based survey to see what improvement had been made.

Three hundred and fifty three surveys were sent out as part of the national GP patient survey and 98 were returned. This represented just under 1% of the practice population. The practice's national survey results were comparable with local and national averages for the following satisfaction scores on consultations with GPs and nurses:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 76% of patients who responded said the GP gave them enough time; CCG - 78%; national average - 86%.

- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 95%.
- 80% of patients who responded said the nurse was good at listening to them; (CCG) - 83%; national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG - 82%; national average - 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 93%; national average - 97%.

However some other national GP patient survey results were low compared with local and / or national averages:

- 66% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 77%; national average - 86%.
- 80% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 81%; national average - 91%.
- 71% of patients who responded said they found the receptionists at the practice helpful; CCG - 79%; national average - 86%.

All staff, clinical and non clinical, completed additional training in June and July 2017 on telephone communication skills, dealing with difficult patient interactions and responding to patient complaints.

The practice carried out its own survey in September 2017. One hundred and seventy surveys were completed and the survey found:

- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern.
- 96% of patients who responded said they found the receptionists at the practice helpful.

The practice survey did not include a question about the practice nurses. The practice had received many positive comments and compliments about the practice nurses over an extended period of time, and no complaints. Four of the 29 CQC comments cards we received made specific mention of the practice nurses and all these comments were positive.

Are services caring?

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 and including British Sign Language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Staff on the front desk were proactive in encouraging patients to identify themselves as carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified some 400 patients as carers (just under four per cent of the practice list).

- Carers were offered the flu vaccinations and signposted to carer support services and networks.
- Staff told us that if families had experienced bereavement, the practice contacted them to offer them a consultation with their usual GP. Advice was available on local bereavement and talking therapies services.

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

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 81%; national average - 90%.

However results were below local and / or national averages for the following questions:

- 58% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 77%; national average - 85%.

The practice considered the national survey results then completed a practice based survey in September 2017 to compare results. The results of the practice based survey were based on 171 completed surveys and found:

- 91% of patients said the last GP they saw was good at involving them in decisions about their care

The practice survey did not include a question about the practice nurses. The practice had received many positive comments and compliments about the practice nurses over an extended period of time, and no complaints. Four of the 29 CQC comments cards we received made specific mention of the practice nurses and all these comments were positive.

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 practice understood the needs of its population and tailored services in response to those needs. For example it provided walk in appointments every day and extended opening hours once a week, online services such as repeat prescription requests, advanced booking of appointments, and advice services for common ailments on its website. Information on the website could be translated into other languages.
- The practice improved services where possible in response to unmet needs, for example it had introduced in house phlebotomy and ECG (electrocardiogram) services.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example it had installed a hearing loop, there was a dropped reception desk, translation and advocacy services were available including British Sign Language, and double appointments were given to patients who needed them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was a registered yellow fever vaccination centre.
- The practice was taking part in the Completion and Acceptability of Treatment Across Primary Care and the commUnity for Latent Tuberculosis (CATAPULT) national clinical trial. This study investigates whether recent migrants to the United Kingdom are more likely to complete treatment for Latent Tuberculosis Infection (LTBI) if they are treated in the community by GPs and pharmacists than in a hospital TB clinic. Newham has the highest rates of TB in the UK.
- 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 where that was the patient's choice.
- The practice was responsive to the needs of older patients, and offered home visits, urgent appointments and double appointments for those with enhanced needs.
- Flu vaccinations were administered by clinicians or district nurses to patients in their homes where necessary.
- There was reserved seating for older people in the waiting area.

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 worked with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- ECGs, spirometry, blood tests and dressings were available at the practice.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A midwife clinic was held at the practice twice a week.

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 including for example extended opening hours and daily walk in appointments.

Older people:

Are services responsive to people's needs?

(for example, to feedback?)

- Online services included booking GP appointments, ordering repeat prescriptions and accessing GP records. Text reminders were sent to patients about appointments, immunisations and health checks.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered minor surgery.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- These patients were given annual reviews and signposted to local services for specialist support for example substance misuse agencies.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs.
- The practice held a monthly clinic at the practice with the community mental health nurse.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months in 2015-16 was 85%, which was comparable with other practices (CCG 81%; England 84%). Exception reporting for this domain was lower than other practices at 4% (CCG 10%; England 13%).

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.
- Two of the 6 patients we spoke with did not find the appointment system easy to use. They felt the wait for a booked appointment was too long (the next available

routine booked appointment on the day of the inspection was 05 December), and that it was difficult to get through to the practice in the morning when new appointments for the day were released so that they were reliant on the walk in sessions. Patients who used the online appointment booking system found it much easier to get an appointment when they wanted one. Three of the 29 CQC comment cards we received included negative comments about the appointment system. The patient participation group (PPG) commented on the need for patient education about the appointment system.

Results from the July 2017 annual national GP patient survey however showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Three hundred and fifty three surveys were sent out and 98 were returned which represented just under 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours; CCG 73%; national 76%.
- 52% of patients who responded said they could get through easily to the practice by phone; CCG 56%; national 71%.
- 67% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 64%; national average - 75%.
- 73% of patients who responded said their last appointment was convenient; CCG - 68%; national average - 81%.
- 61% of patients who responded described their experience of making an appointment as good; CCG - 61%; national average - 63%.
- 46% of patients who responded said they don't normally have to wait too long to be seen; CCG - 41%; national average - 58%.

The practice's patient survey carried out in September 2017 found 74% of patients said they could get through easily to the practice by phone. The result was based on 171 completed surveys.

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.

Are services responsive to people's needs? (for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaints policy and procedures were in line with recognised guidance. Seventeen complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. Final response letters however did not include information about the role of the Health Services Ombudsman in line with the complaints policy.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care, for example by providing additional training for all staff in July 2017 on telephone communication skills, dealing with difficult patient interactions and responding to patient complaints.

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. The practice had remedied shortfalls found at our previous inspection in June 2016 relating to some governance arrangements. Arrangements to assess, monitor and improve safety had been put in place or strengthened in relation to significant events, infection control, prescription form security, and monitoring and improving the quality of services. The June 2016 inspection report can be found at www.cqc.org.uk/location/1-539009738.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There were well defined aims and objectives and a clearly set out practice ethos. The practice had a realistic strategy and supporting plans to achieve its aims.
- The practice developed its mission statement in consultation with patients, staff and external partners.
- Staff were aware of and understood the aims and objectives and the practice ethos, and their role in achieving these.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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; for example we saw the practice had been open with a patient and apologised to them for a delayed diagnosis. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice 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.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good 

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

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care, for example around the mental health and midwife clinics held at the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 prescribing and referral decisions, for example. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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.
- 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. For example patients whose work brought them into contact with the wider community and especially hard to reach groups had been successfully recruited to the patient participation group (PPG).
- The PPG was active.
- The service was transparent, collaborative and open with stakeholders about performance.

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 example it was using a telehealth service and was taking part in a national clinical trial on treating latent TB in a general practice setting.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

- 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.